

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, January 28, 2014
12:00 Noon

12:00 I. Call to Order

12:01 II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

12:04 III. Approval of December 10, 2013 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Old Business (15 mins.)

Administration

Children with Special Care Needs

Medical Director's Report

County Attorney's Report

Division for Community Health

Environmental Health

12:30 VI. New Business

12:30 ***Administration (10 mins.)***

1. Recognition of Frank Proto, Former Chair, Health and Human Services Committee (5 mins.)
2. Board of Health Selection of Officers (5 mins.)

12:40 ***Division for Community Health (5 mins.)***

1. Approval of revisions to the Meningococcal Vaccine policy (5 mins.)

12:45 ***Environmental Health (30 mins.)***

Enforcement Action:

1. Resolution #13.15.26 – Spruce Row Campground, T-Ulysses, Violation of Subpart 5-1 of the New York State Sanitary Code (Water) (5 mins.)
2. Resolution #13.10.30 – At the Ridge, T-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
3. Resolution #13.40.31 – WAL-MART, C-Ithaca, Violation of Adolescent Tobacco Use Prevention Act (ATUPA) (5 mins.)
4. Resolution #13.13.32 – Argos Inn, C-Ithaca, Violation of Subpart 7-1 of the New York State Sanitary Code (Operating without Permit) (5 mins.)

Discussion/Action:

1. Proposed On-site Wastewater Treatment Systems (OWTS) Permit Fee Revision for 2014 (10 mins.)

1:15 ***Adjournment***

**Board of Health
December 10, 2013
12:00 Noon
Rice Conference Room**

- Present:** Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; Michael McLaughlin, Jr.; and Janet Morgan, PhD
- Staff:** Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; and Shelley Comisi, Keyboard Specialist
- Excused:** Will Burbank; Patricia Meinhardt, MD; Sylvia Allinger, Director of CSCN; and Jonathan Wood, County Attorney
- Guests:** Kevin McGuire, Program Analyst, Tompkins County; and Skip Parr, Sr. Public Health Sanitarian

Privilege of the Floor: Matthew Taylor, General Manager, Stella's Restaurant

Dr. Macmillan unofficially called the regular meeting of the Board of Health (BOH) to order at 12:12 p.m. due to lack of a quorum. Reports were presented and motions delayed awaiting the arrival of one more member for a quorum.

Privilege of the Floor: Matthew Taylor, General Manager of Stella's Restaurant, appeared before the Board to discuss the issue of improperly stored eggs during a re-inspection of the restaurant. He submitted a letter to the Board acknowledging the violation and explained there was a breakdown in communication with staff. After the first inspection, he talked to several staff members about the issue, but it was not properly communicated to the entire staff. Following the re-inspection, he discussed the violation of the sanitary code and proper storage procedures with all staff members. Mr. Taylor listed the changes he made to address the issue and assured the Board it will not happen again.

Mr. McLaughlin asked if staff members realize sealed containers of eggs cannot be stored above a finished product. Mr. Taylor said staff are aware and signs have been posted in the coolers noting eggs must be kept in a specific section of the cooler.

Mr. McLaughlin inquired about the training of new staff and the system of receiving goods from delivery people. Mr. Taylor responded training supplemented with a training manual is provided for new staff members and kitchen staff are on hand when deliveries are made.

Financial Summary: Ms. Grinnell Crosby introduced Kevin McGuire from County Administration who is transitioning to the position formerly held by Kevin Sutherland. Working with Mr. Sutherland's design, Mr. McGuire is tweaking the financial summary report to meet the needs of two groups: one for Health Department staff and another for

Board members. To avoid data overload, the dashboard display has been narrowed to two columns and the number of graphs presented for those programs in red has been reduced from six to two.

After distributing the November report, Ms. Grinnell Crosby explained the memo and graphs identify issues in programs with revenues in red. She reviewed her notes for those programs; some were in arrears and some were anomalies. Revenues are expected to improve by the end of the year.

Working to incorporate the Board's suggestions, Mr. Kruppa said staff is reducing the size of the report. The plan is to include the items in red with the relevant graphs in the packet. At some point, the entire budget report will be available on the website for anyone wanting to view the full report.

Highlights from a lengthy discussion among Board members about the latest iteration of the report:

- For the Board's needs, Mr. Greenhouse requested a simple snapshot of information; the simpler, the better. Dr. Macmillan agreed less data causes less confusion.
- Mr. McLaughlin pointed out Board members discuss the budget before it is put into motion. On a month-to-month basis he wants to know if that original plan is functioning correctly. He relies on the expertise of administrative staff to monitor the budget and report any anomalies. Keeping it simple is a good suggestion.
- As the parameters get tighter by the end of the year, Mr. Kruppa noted more areas may appear in red. For those areas, Ms. Grinnell Crosby would explain the specifics of the situation to the Board.
- Dr. Macmillan thought an explanation under the graphs would be helpful if there were problems. He would be satisfied with graphs presented on a quarterly basis.
- Mr. McGuire commented he is pleased to be working on the financial report and happy to adapt it to suit the Board's information threshold. One change meriting an explanation was that he standardized the scales in expenditures and revenues to provide an accurate picture. Mr. McLaughlin noted there are times when standardized scales may not disclose something significant within an area. Mr. McGuire agreed there may be instances when the scale needs to be changed to see the variations.

Administration Report: Mr. Kruppa reserved time during New Business for discussion of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

Medical Director's Report: Dr. Klepack reported influenza activity is sporadic; however, it is starting to make an appearance locally. Sporadic designation means influenza has been reported in various places in the state but not everywhere.

Division for Community Health Report: Ms. Connors announced she will be submitting a different Communicable Disease report in the next BOH packet. In the past, staff entered each communicable disease into an Excel or Access database. It was labor intensive with a potential for errors. Currently, communicable disease numbers are being reported through a secure electronic state system. The state system will generate a

monthly report of communicable diseases reported for Tompkins County and compare the list to the previous three years. There will also be a year-to-date report. She will work with staff to add a few elements to provide a more comprehensive report.

Children with Special Care Needs Report: Ms. Allinger was not present for the meeting.

County Attorney's Report: Mr. Wood was not present for the meeting.

Environmental Health Report: Ms. Cameron reported:

- Staff finished preparing the Healthy Neighborhoods Program (HNP) grant proposal. She recognized staff for their hard work and Mr. Parr for pulling the information together. It is a strong proposal consisting of 100 pages, and she is optimistic the program will receive the funding.
- Two project assistants were hired with the salary funds that accumulated from staff changes over the year. They are working 40 hours per week on preparing and scanning old sewage system files.
- The Accela permit management software project is behind schedule but making significant strides. Redmark, the consultant, is planning for the software to go live by the end of January.

Ms. Cameron noted she was not present at the October BOH meeting so she missed the discussion about Mr. Greenhouse participating in the software review. It was explained that Mr. Kruppa had made the suggestion because he thought Mr. Greenhouse was most likely to interact with the system so there would be value in receiving his feedback. Mr. Greenhouse said his role would be as a representative user. Ms. Cameron reported there are several components to the system: the main software for internal staff; a mobile component for inspectors in the field; and a mobile component for citizen access. She recommended involving Mr. Greenhouse in the project during the configuration of the citizen access component and the user testing phases of the process.

Ms. Cameron also mentioned Mr. Greenhouse's potential participation in the policy discussion about handling hardship cases resulting from increased replacement sewage system fees. Staff would like to discuss this policy in January. Mr. Greenhouse was agreeable to offering his input before the policy is brought to the Board so Ms. Cameron will include him in those discussions.

Mr. McLaughlin wondered if there would be online public access to records of a property's sewage system. Ms. Cameron answered that information will be available once it is prepared, scanned and uploaded. It is a long term goal, but eventually a user will be able to click on a parcel to see its current and historical records; confidential information will not be posted.

Mr. Kruppa announced there will be presentations to the Legislature and to the Board demonstrating how the system works. It is going to change the way business is conducted in the Environmental Health (EH) Division.

Presentation of Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP): Mr. Kruppa displayed the new Tompkins County website

then navigated to the Health Department Home page. Under *Current Topics*, he pointed out both community health reports are available to be downloaded.

The CHA document is the culmination of data collected during the past year that provides a snapshot of the current health of county residents. This year, it was decided to compare Tompkins County, ranked third in the University of Wisconsin County Health Rankings, with the other counties ranked in the top five for New York State. All have high positive health outcomes. The other counties are small, medium and large so there is a broad perspective in terms of population.

The CHIP is action based with strategies to improve the overall health of residents. Through the assessment, two priority areas were identified: (1) the prevention of chronic disease and (2) the promotion of mental health and prevention of substance abuse. Chronic disease is in the wheelhouse of public health so staff will be looking at current initiatives and thinking about other opportunities. As for the second priority, he will be meeting with mental health professionals, Sue Romanczuk-Smelcer at Tompkins County Mental Health Department and Larry Roberts of the Mental Health Sub-Committee, to gain a better understanding of how public health can be of assistance.

In response to a question from Mr. Greenhouse about the basis for the community health reports, Mr. Kruppa said the CHA and the CHIP look to identify where the community needs to target its resources to improve its overall health. It is not focused solely on the Health Department. In addition, New York State Department of Health (NYSDOH) requires these two reports and a strategic plan to be a part of the accreditation process for local health departments.

Dr. Morgan arrived at 1:15 p.m. A quorum was present to conduct business.

Board of Health Vacancy Recommendations:

Mr. Kruppa reported Mayor Svante Myrick has recommended Mr. McLaughlin for reappointment as the City of Ithaca representative to the BOH.

Mr. Greenhouse moved to recommend Mr. McLaughlin for reappointment to the Board; seconded by Dr. Macmillan. The vote: Aye - 4; Abstention - 1 (Mr. McLaughlin); motion carried.

Dr. Macmillan reported the Nominating Committee recommends Dr. Edward A. Koppel for appointment to the BOH. He is an internist at Cornell University Gannett Health Services with hands-on experience regarding public health concerns.

Mr. Greenhouse moved to recommend Dr. Koppel to fill the physician member position to the BOH; seconded by Mr. McLaughlin; and carried unanimously.

There was a discussion among Board members about the interview process that resulted in the following suggestions: (1) ask candidates to attend a BOH meeting to observe the Board's activities and (2) share the scenario based questions prior to the interview to provide a sense of the Board's responsibilities.

Mr. Kruppa stated he will be taking the two nominations to the Health and Human Services Committee for approval before moving to the full Legislature. Hopefully, both individuals will be approved by the January meeting.

Approval of October 22, 2013 Minutes: Mr. Greenhouse moved to approve the minutes of the October 22, 2013 meeting as written; seconded by Dr. Macmillan; and carried unanimously.

Resolution #13.1.20 – Town of Ulysses Water District #3, T-Ulysses, Violation of Subpart 5-1.52 of the New York State Sanitary Code (Water):

Resolution #13.11.24 – PDR’s Catering, C-Ithaca, Violation of Subpart 14-2 of the New York State Sanitary Code (Temporary Food Service):

Resolution #13.10.25 – Stella’s Restaurant, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food Service):

Resolution #13.18.29 – Beaconville Mobile Home Park, T-Dryden, Violation of Board of Health Orders Dated August 27, 2013 (Water):

Resolution #13.40.28 – Triphammer Mobil, V-Lansing, Violation of Adolescent Tobacco Use Prevention Act (ATUPA):

Mr. Greenhouse moved to accept the five preceding resolutions as written; seconded by Dr. Macmillan; and carried unanimously.

Resolution #13.40.27 – Kwik Fill A0033, C-Ithaca, Violation of Adolescent Tobacco Use Prevention Act (ATUPA): Mr. Greenhouse moved to accept the resolution as written; seconded by Mr. McKee.

Referring to the last paragraph of the letter from the Kwik Fill representative that stated the company sent documents to provide “the evidence needed for assignment of a 1-point violation,” Mr. Greenhouse wondered whether the point violation was automatic. Ms. Cameron replied it is automatic with points accumulating for three years which prompted the company to submit the information seeking a point reduction. She noted other businesses found to be in violation of ATUPA have taken appropriate actions with their staff members so staff recommends keeping the resolution as written.

The vote on the resolution as written was unanimous.

Lupo request for an Onsite Wastewater Treatment System (OWTS) permit application fee refund: Ms. Cameron stated this is a request for a waiver rather than a refund since Mr. Lupo has not paid the fee at this point.

Mr. Greenhouse moved to accept the fee adjustment as recommended by the EH Division; seconded by Dr. Macmillan.

In response to Dr. Macmillan’s question about the frequency of these cases, Ms. Cameron said this is the third action brought to the Board in recent years. With the increased fee, there are more cases. Staff is proposing that someone who qualifies for a loan from Better Housing or other appropriate loan agencies be granted a waiver of the replacement sewage system permit application fee. At most, there are 15 systems a year. In Mr. Lupo’s case, he lives in a mobile home that does not have a foundation so it automatically does not qualify for a Better Housing loan. Since there will be other special

cases needing to be reviewed, a policy will be brought to the Board at another time for discussion/approval.

The vote on waiving the fee as written was unanimous.

Mass Gathering Fee Revised for 2014: Ms. Cameron explained EH staff generally does not process a permit before the permit fee is paid. Since the Finger Lakes GrassRoots Festival Organization has submitted a permit application for 2014, the fee needs to be assessed in order to finish the application. Fees have increased significantly with the change in the GrassRoots Festival being regulated as a mass gathering rather than a campground. She added the proposed mass gathering fee for 2014 is a one-time interim policy.

Mr. Greenhouse moved to accept the well-thought-out presentation in the packet as the interim policy; seconded by Mr. McLaughlin.

Mr. Greenhouse asked whether the mass gathering checklist duplicates the work of other agencies. Ms. Cameron answered there is overlap; however, it is EH staff that pulls the completed work of other agencies together under one umbrella. By signing the permit, staff are stating the code requirements have been met.

Responding to Mr. McLaughlin's question about the change in the regulation, Ms. Cameron said there had been discussions with NYSDOH on mass gatherings this year. The state interprets a mass gathering as any event of 5,000 people continuing for 24 hours. The previous EH staff interpretation was any event with 5,000 people staying overnight.

Although staff will be working through the process for the first time, Ms. Cameron noted GrassRoots Festival organizers do a good job running their event so it is expected to be primarily a need for documentation of current practices. Replying to concerns from Board members about the 20% cost recovery, Ms. Cameron recommended being consistent with past policy during this first year.

Mr. Kruppa suggested the minutes reflect this interim policy is in relation to the GrassRoots Festival which is an existing gathering. There has been no change to the rule and there has been no change to GrassRoots' operation since last year, but an interpretation of the rule has changed. Tompkins County Environmental Health staff are trying to work through that new interpretation in the most effective manner possible. After this year, there will be a re-evaluation of mass gathering fees and how to apply them in the future.

The vote in favor of the interim mass gathering fee policy as written was unanimous.

Adjournment: At 1:44 p.m. Dr. Macmillan adjourned the meeting.

Attachments: The materials/documents distributed during the meeting:

1. Letter submitted by Matthew Taylor, General Manager of Stella's Restaurant in the matter of Resolution #13.10.25 – Stella's Restaurant, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food Service)
2. November Financial Dashboard memo and graphs
3. Letter/documents received from United Refining Company in the matter of Resolution #13.40.27 – Kwik Fill A0033, C-Ithaca, Violation of Adolescent Tobacco Use Prevention Act (ATUPA)



November 26, 2013

To the members of the Tompkins County Board of Health:

I am writing today on behalf of Stella's Restaurant with regards to the violation of Subpart 14-1 of the NYSSC, recorded during our October 9th re-inspection. On the day of our re-inspection, we failed to address the storage of eggs, which were located in a cooler above and next to items that could potentially become contaminated from contact.

Following our initial inspection, I informed part of the staff about what we had done incorrectly, and what should have been done instead. The problem that led to our repeat violation was a breakdown in communication. I failed to properly communicate the changes that needed to occur to the staff as a whole, and as a result the storage of eggs did not consistently change.

Since our re-inspection the following actions taken to ensure correct storage procedures:

- The entire staff has been made aware that our eggs were not being properly stored.
- The eggs in question are now kept in a different section of the cooler, where space is only available in the bottommost area. (This should safeguard against them being stored above any other items.)
- Signs have also been posted in every section of the cooler, noting where eggs can & cannot be stored.

I've attached copies of the signs for reference. In their new storage area, the sign explicitly states that:

- Eggs must be intact, in a sealed container and kept separate from any other items.

The other sections of the cooler have had signs posted in them stating that:

- Eggs & milk products cannot be stored in those areas, further restricting the potential for cross-contamination through contact.

I fully acknowledge the potential hazard to health posed to our staff members and customers from how our eggs were previously stored, and would gladly comply with any further recommendations to improve the standards executed on a daily basis at Stella's.

Sincerely,

Matthew Taylor
General Manager
Stella's Restaurant

All EGGS & MILK PRODUCTS must be stored solely in the lefthand section of the cooler, in a SEALED container BELOW THE BOTTLED BEER.

EGGS must be stored intact, & free of any cracks or checks.

EGGS & MILK PRODUCTS must be stored below 45 degrees Fahrenheit, SEPARATE FROM ALL OTHER ITEMS IN THE COOLER. This reduces the risk of cross-contamination.



**NO EGGS OR MILK PRODUCTS
ARE TO BE STORED IN THIS
SECTION OF THE COOLER**



TO: Tompkins County Board of Health
FROM: Brenda Grinnell Crosby, Public Health Administrator
DATE: December 9, 2013
SUBJECT: November Financial Dashboard

The financial dashboard continues to be a work in progress. In November expenditures are fully green with the exceptions of Preschool Special Education and Medical Examiner (yellow-90-110% of budget based on the average of the prior two years as applied to this year). Yellow in expenditures are areas to watch, both programs are still within budget for 2013. Revenues currently reflect green, yellow and red (parameters were changed for the final quarter of the year). Following a review of the data the notes below describe the status for those in red/yellow:

Planning & Coordination (Revenues Red): Public Health Preparedness Grant claims have not been filed pending approval of our 2013-14 budget. We have received approval and claims are in process. A final claim for our Homeland Security funding was filed last week.

WIC (Revenues Red): September, October claims are not posted by Finance. Claims have been filed with NYS totaling \$104,788.69.





























Division for Community Health (Revenues Red): Grant claims for HIV and Tobacco have been filed through October. Quarterly claims for IAP, Lead and Rabies will be filed in January for posting to the 2013 books. Clinic revenues are down and are expected to improve as flu clinic revenue is received. Medicaid D&TC is lower as most of the clients are switching to Medicaid Managed Care and services are reflected as part of our Licensed Agency revenues not clinic revenues and TB DOT revenues are down due to managed care reimbursement rates which are lower (one time per week, not for each daily visit), in addition we have had only two clients on DOT.

Physically Handicapped Children Treatment (Revenues Red): This program is based on need. There hasn't been significant spending, therefore revenues will be lower than budgeted.

Early Intervention (Revenues Red): This program continues to be in a state of flux from the state takeover. We received a reimbursement for the second quarter of 2013 for payments made to providers and service coordination last week. A process has not been formally provided, the check was simply sent.

ATTACHMENT 2

Dashboard Display thru November 2013

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education		
Plng. & Coord. (Health)		
Women, Infants & Children		
Occupational Hlth.& Sfty.		
Medical Examiner		
Vital Records		
Division For Community Health		
Medical Examiner Program		
Plng. & Coord. Of C.S.N.		
Phys.Handic.Chil.Treatmnt		
Early Intervention (0-3)		
Environmental Health		
Public Health State Aid		

LAST REFRESH: December 09, 2013

EXPENDITURES

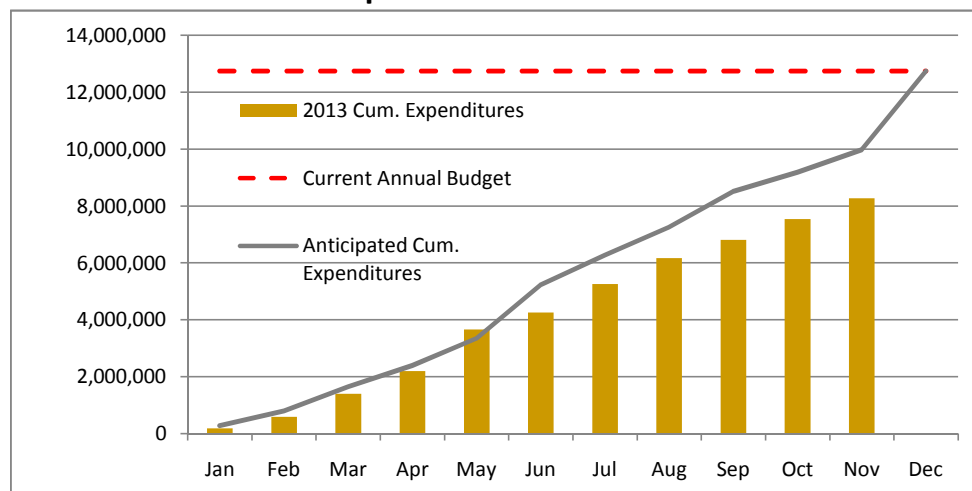
Cumulative to date compared to budget (over budget by more than 10% = Red, between 90% and 110% of budget = Yellow, below 90% of budget = Green)

REVENUES

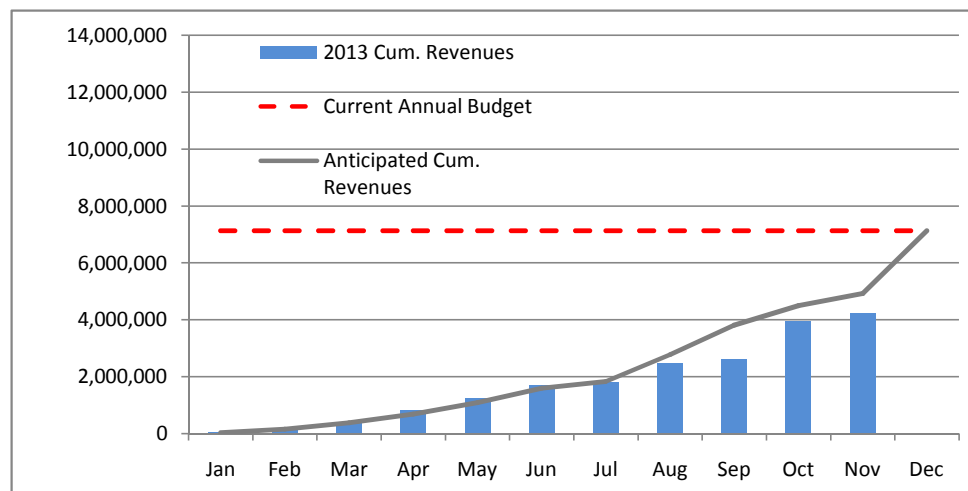
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Tompkins County Health Department

Cumulative Expenditures thru November 2013



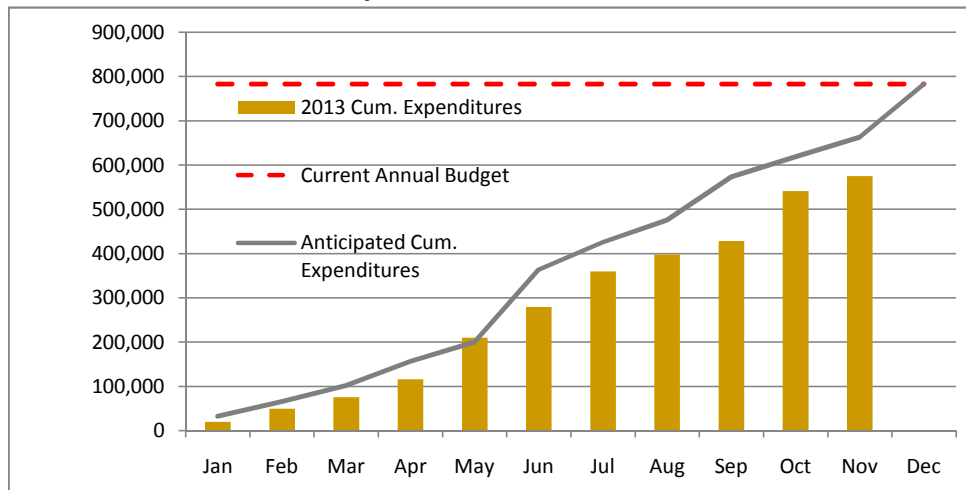
Cumulative Revenues thru November 2013



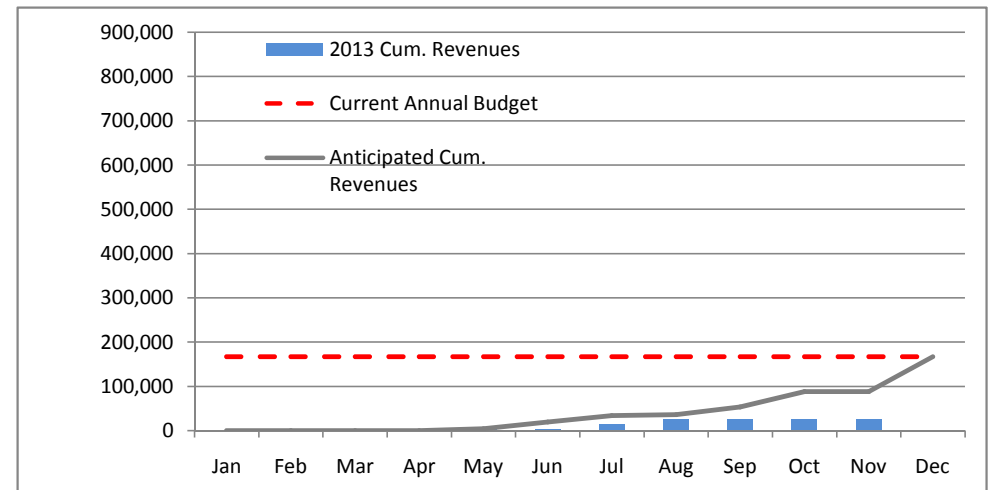
The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Health Dept - Planning & Coordination (4010)

Cumulative Expenditures thru November 2013



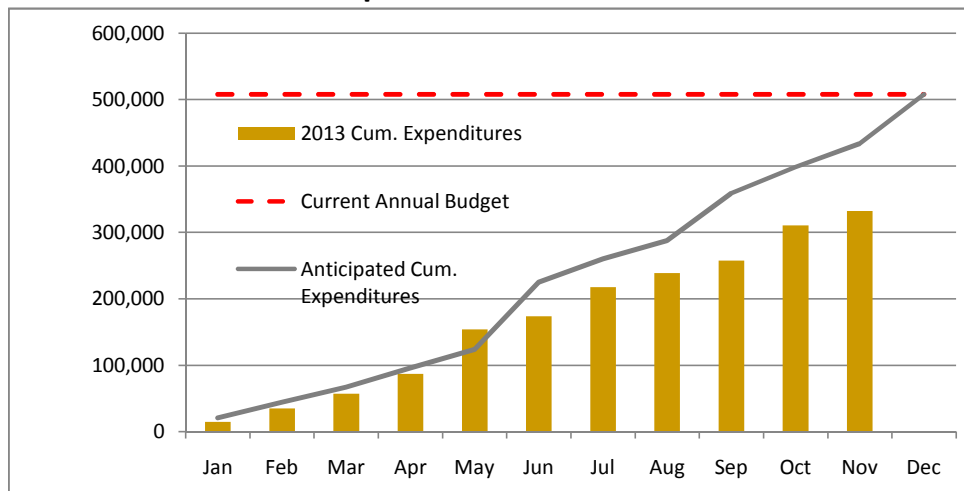
Cumulative Revenues thru November 2013



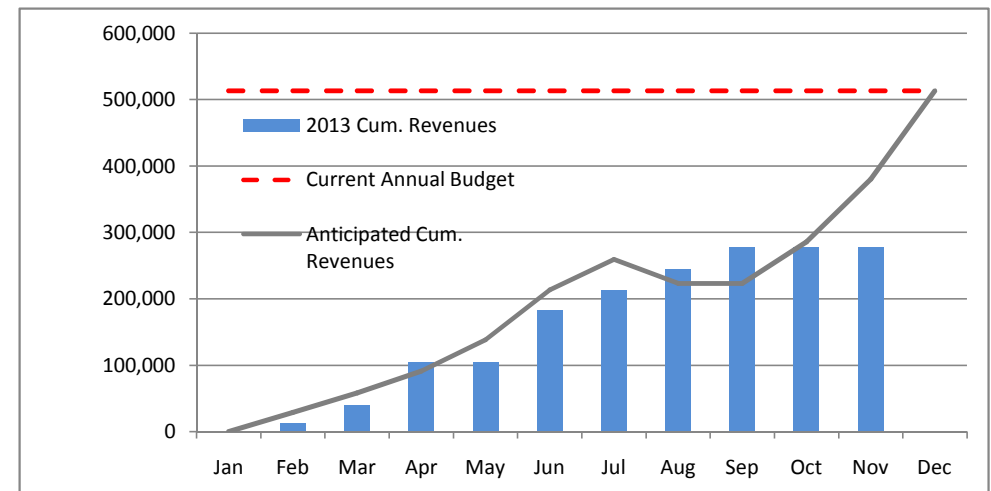
The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Health Dept - Women, Infants & Children (4012)

Cumulative Expenditures thru November 2013



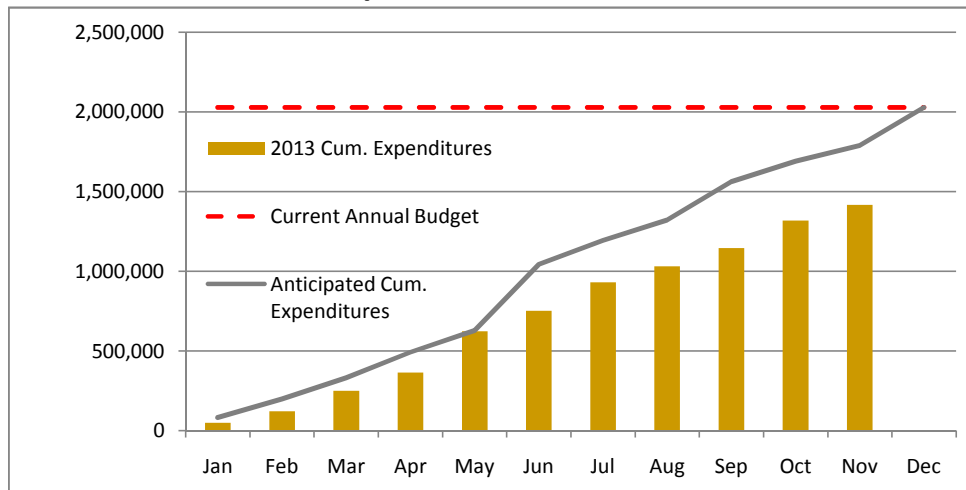
Cumulative Revenues thru November 2013



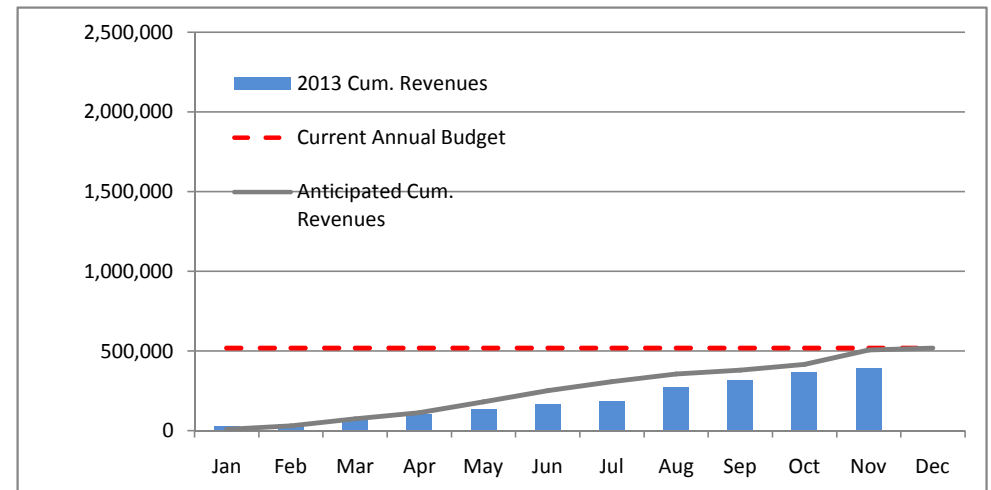
The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru November 2013



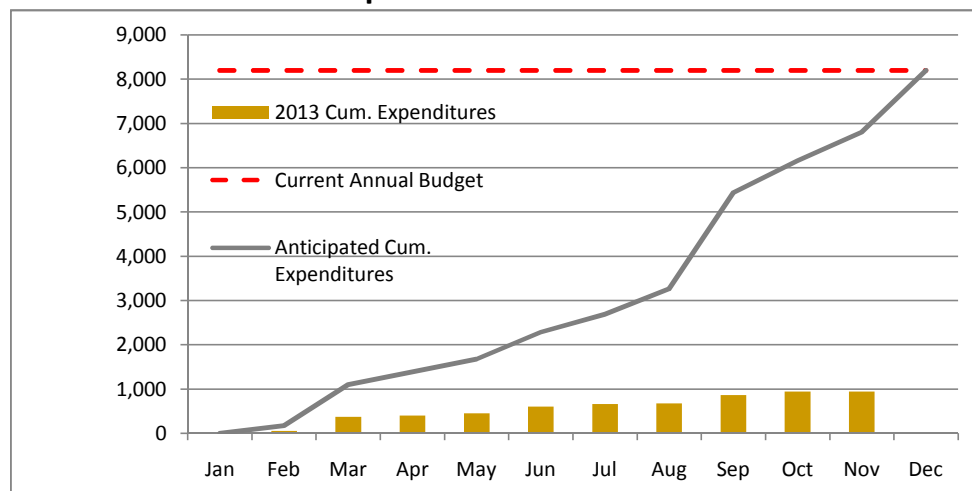
Cumulative Revenues thru November 2013



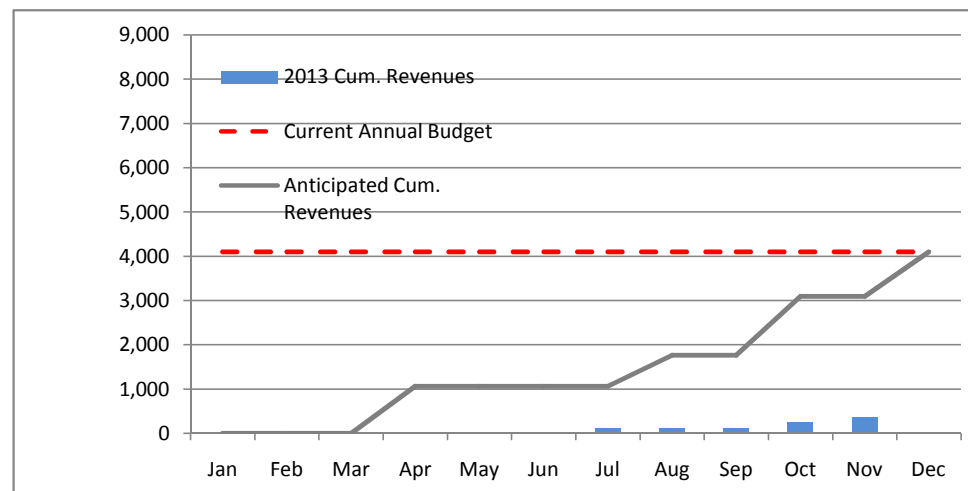
The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Health Dept - Phys.Handic.Chil.Treatment (4048)

Cumulative Expenditures thru November 2013



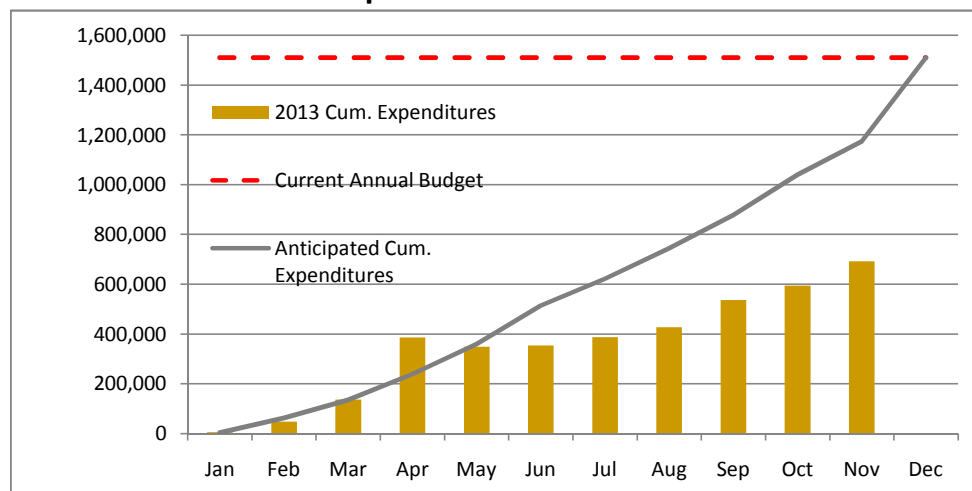
Cumulative Revenues thru November 2013



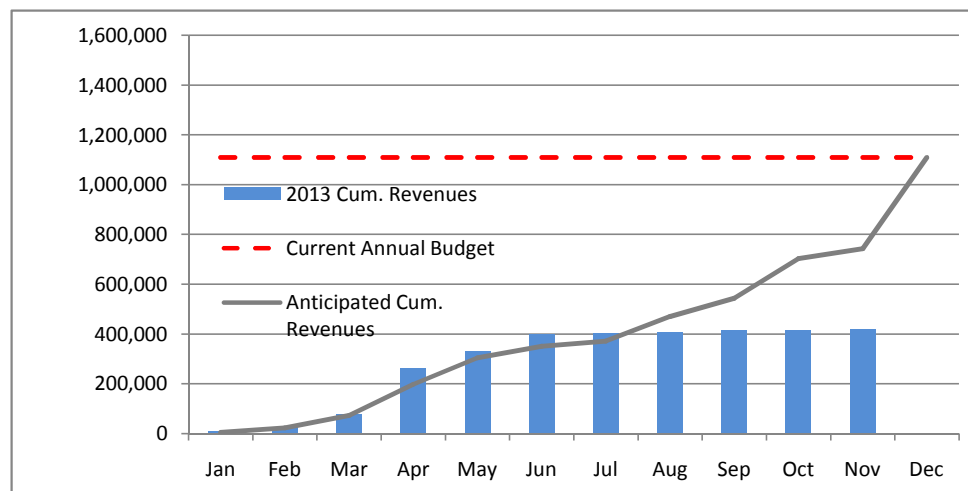
The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Health Dept - Early Intervention (0-3) (4054)

Cumulative Expenditures thru November 2013



Cumulative Revenues thru November 2013



The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.



United Refining Company • Petroleum Products

Direct Dial: (814) 726-7686
Email: bklenowski@urc.com

November 11, 2013

Tomkins County Health Department
55 Brown Road
Ithaca, NY 14850-1247
Attention: C. Elizabeth Cameron, P.E.

RECEIVED

NOV 12 2013

TOMPKINS COUNTY
HEALTH DEPARTMENT

RE: Alleged Violation of Adolescent Tobacco Use Prevention Act
Kwik Fill A0033, C-Ithaca

Dear Ms. Cameron:

I am in receipt of your letter, dated November 7, 2013, related to the above-referenced matter. I have executed the enclosed Stipulation Agreement and return it to your office in lieu of attending the conference that is currently scheduled for November 13, 2013.

I have also enclosed three additional documents in an effort to illustrate our continued efforts to prevent unauthorized sales of tobacco products. The first document is a New York State Department of Health Certificate of Tobacco Sales Training, which illustrates that the employee who made the transaction in question (Jeffery Benjamin) was trained on December 6, 2011. The second document is our Tobacco and Alcohol Sales Pledge, which is a form that all employees read and sign prior to each shift that they work. You will see that Mr. Benjamin was reminded of the applicable rules and regulations regarding tobacco sales prior to his shift on the day in question (October 25, 2013). Finally, I have enclosed a copy from our most recent training brochure, which was delivered to each of our Kwik Fill locations. I provide this as one more example of how we make extended and repeated efforts to prevent unauthorized sales to minors at all of our locations. I would also add that the employee who made this sale received a write-up for this violation and was suspended from work for two days.

In conclusion, we do our best to make sure that our employees are trained properly and will not sell tobacco products to minors. Unfortunately, in this case, Mr. Benjamin did not follow the rules and regulations that he was trained to follow. I trust that the enclosed documents will provide you with the evidence needed for assignment of a 1-point violation, as well as a minimal monetary penalty. If you need any additional materials, please do not hesitate to contact me.

Sincerely,

United Refining Company


Barry J. Klenowski, Esquire
Counsel

New York State Department of Health
Certificate of Tobacco Sales Training

Provider No. 019-0403

Certificate No. 14289

I - To be completed by trainee

Name of trainee (print): <i>Jeffery Allen Benjamin</i>	Store #: <i>733/38</i>	Social Security #: [REDACTED]
Trainee signature: <i>Jeffery Benjamin</i>	Telephone Number: [REDACTED]	
Home Address: [REDACTED] (Street or PO Box)	(City) [REDACTED]	(State) [REDACTED] (Zip Code) [REDACTED]

II - To be completed by employer

Legal Name of Business: United Refining Company	DBA name: Kwik Fill / Red Apple
*DTF Tobacco Retailer ID number: 25-0850960C2	Telephone Number: (814) 723-1500
Business Address: PO Box 808, 1 Dobson Street, (Street or PO Box)	Warren PA 16365 (City) (State) (Zip Code)

III - To be completed by training provider

Name of Training Provider: United Refining Company of PA	Telephone Number: (814) 726-4833
Address: PO Box 808, 1 Dobson Street, (Street or PO Box)	Warren PA 16365-0808 (City) (State) (Zip Code)
Course Location: <i>Painted Post</i>	

Date of Training: *Dec 6 2011* Expires: *Dec 5 2014*

I certify that the Tobacco Sales training course given on the above date complied with NYS PHL Article 13F, was consistent with the curriculum and instructions approved by the New York State Department of Health, and the student receiving the certificate completed the training course and successfully passed the examination.

Course instructor or person in charge of training:

(Print name) *Darlene Murdock*(Signature) *Darlene Murdock*

* Failure to maintain a current New York State Department of Taxation and Finance (DTF) Tobacco Retailer Registration, change of business ownership or DTF Identification number will invalidate the certificate.

An incomplete certificate will not be honored.



TOBACCO AND ALCOHOL SALES PLEDGE

Date: 10/25/13

Store Manager's Name: Sam Horne

Store #: 433/38 Ithaca

I pledge to strictly adhere to all laws, rules, and regulations regarding the sale of alcoholic beverages in NY & OH and tobacco products in NY, OH, and PA from within the store. I dedicate myself to checking the identification of all persons who might be THIRTY (30) years of age or younger by utilizing the principle "If in doubt, check ID." I will always require one of the following acceptable types of identification:

- A VALID DRIVER'S LICENSE issued by a State or Federal Government.
- A NON-DRIVER IDENTIFICATION CARD Issued by the Commissioner of Motor Vehicles of the State of New York, Pennsylvania, or Ohio.
- A MILITARY IDENTIFICATION CARD Issued by the United States Armed Forces.
- A VALID PASSPORT

These are the ONLY acceptable forms of identification. I will accept NO substitutes and will make NO exceptions. I will honor these rules to protect myself from liability, loss of employment, arrest and prosecution and to protect my Company and its customers. I make and sign this pledge each time I work to ensure my vigilance.

EMPLOYEES: Read and sign **BEFORE** beginning your shift, then staple to your shift report.

Legal age for alcoholic beverages purchases is 21 years of age.

- Legal age for tobacco purchases is 18 years of age.

<u>John Bell</u>	<u>John Bell</u>		
Print Name	Signature	Print Name	Signature
<u>Jeffrey Bellman</u>	<u>Jeffrey Bellman</u>		
Print Name	Signature	Print Name	Signature
<u>Kevin Datsis</u>	<u>Kevin Datsis</u>		
Print Name	Signature	Print Name	Signature
Print Name	Signature	Print Name	Signature
Print Name	Signature	Print Name	Signature

Don't Sweat It: How To Deliver Constructive Criticism

Dishing out constructive criticism is not easy. In fact, most managers dread doing it. However, it's not only necessary at times, but you must be able to do it in a way that is most effective for the employee, the organization and for you.

Before you give less than positive feedback to another consider your motives. Will bringing the matter to the person's attention really enable him or her to improve performance?

Also, consider the type of relationship you have with the person. The more authority you have over another individual, the easier it will be for him or her to accept criticism from you. In the workplace, your authority not only comes from your position within the company but also how well respected you are within the organization. How your performance is perceived by others may determine whether an employee will be receptive to your feedback or not.

Mix the bad with the good

Keep in mind that people who regularly receive a mix of positive and negative feedback are most likely to deal well with constructive criticism and less likely to become defensive when given suggestions for improvement.

For example, you might say, "I am pleased with your overall job performance but I would encourage you to work more efficiently so you are able to complete assigned tasks in the time allowed. I feel certain that you are the type of person who is able to do this."

It's a two-way street

When criticism is delivered, the person receiving it should have the opportunity to respond. He or she may have legitimate concerns about your assignments. Were you clear about your expectations and is it reasonable

to expect the person to complete the task in the given amount of time. Was the employee properly trained and were the necessary tools available to complete the task.

Does the employee feel like they are being picked on because they are always the person who is assigned the "dirty" jobs. It is very important that you treat people fairly.

Providing constructive criticism is a part of every manager's job. Taking the time to make sure such feedback is delivered in a non-threatening, non-personal, but productive manner will hopefully allow the employee to use the feedback as a learning tool instead of feeling like they took a beating to their self-esteem.

Compliment →

Criticism →

Compliment →



How To Pass A Tobacco/Alcohol/Lottery Sting

Company policies and State and Federal Laws have been put into place to ensure that age restricted products do not end up in the hands of minors through illegal sales. Despite all the continual training many locations still fail compliance checks. It takes diligence on the part of you and your employees to ensure that all "stings" are passed. So what can you do?

1. Understand and follow the law and company policies.
2. Avoid distractions. Make eye contact.
3. Ask anyone appearing to be under the age of 30 for ID when attempting to purchase an age restricted product.
4. Inspect the ID. Make sure the photo matches the person. Look for signs of tampering. Check the expiration date. Is this a valid form of ID? Then, prior to scanning the product, swipe the ID through the POS system. In many locations, the lottery machine can also be used to scan an ID.
5. Keep an eye on lottery vending machines.
6. When in doubt, politely refuse the sale.
7. Lead by example!



**We Card
Anyone
Under 30.**

**Medical Director's Report
Board of Health
January 2014**

Trends in Influenza Vaccine Coverage among Healthcare Personnel - Comparing 2010 to 2013.

Morbidity Mortality Weekly Reports reviewed an internet panel survey of nearly 2000 self selected healthcare practitioners. The data compared vaccination rates for healthcare personnel (HCP) in 2010 to 2013. Estimates from 2010 showed a 63% vaccine coverage rate, for 2012-13 coverage was at 72%. The highest vaccine coverage was for physicians with a coverage rate of 92% and also for healthcare facilities which have a vaccine requirement for HCRs (97%). The lowest institutional coverage rate was in long term care facilities.

The attached figures also show that non-clinical personnel tend to have the lowest rate of coverage amongst personnel, followed by other clinical personnel other than nurse practitioners, nurses and physicians.

The most successful institutional vaccine programs were ones which:

- provided on multiple days
- offered vaccination on site
- And offered it at no cost.

Comment: There is some improvement in terms of HCP coverage. As in most public health interventions the greatest success comes when the strategy is wired in to policy and procedure. A requirement that eligible personnel with patient contact be vaccinated each season does work. (See attachments)

Flu Vaccine - Coverage of Pregnant Women:

In the same edition of MMWR, an internet panel survey was conducted for the 2012-2013 flu season which showed that 50% of pregnant women were vaccinated against influenza and 72% of women *recalled* receiving the healthcare provider's recommendation for vaccination. (Recall of patients for what they were told at a visit is notoriously problematic –however take this data for what it is). The women who did get a provider recommendation and an offer of vaccination had a higher vaccine coverage rate than if they had not received a recommendation.

The strategy for the future is on increasing knowledge amongst pregnant women about the safety and efficacy of receiving influenza vaccine during their pregnancy or before it, and increasing recommendations from practitioners.

Influenza Vaccine – New York City -New Requirement:

In a surprising move New York City Board of Health voted to require mandatory vaccine for children under 6. The deputy commissioner for disease control said that the vaccine could keep as many as 20,000 city children from getting sick.

The program will take effect fall 2014. About 150,000 children will be affected.

The Associated Press article did not provide further details, but I presume that the initiative is being taken not only to prevent children from becoming sick, but to decrease children becoming vectors of influenza disease and transmitting it to elderly and debilitated population.

Update on Meningococcal Disease-Outbreak at Princeton University - Data as of December 31, 2013:

Princeton University had experienced 8 cases as of this date of meningococcal type B disease since spring of 2013 as of the dictation of this report. Despite the usual containment measures that are used during meningococcal disease outbreaks, Princeton was not able to control the outbreak. As a result and in collaboration with the CDC and the FDA, a vaccine licensed in Europe and Australia against Type B meningococcal disease will be deployed mid December at Princeton University amongst students and other high risk persons to try to curtail the outbreak. There are five different serotypes for meningococcal disease. In the United States we have vaccines effective against all but type B. The vaccine that is being brought in from Europe and Australia is produced by Novartis. This is a company that does market vaccines in the United States.

To give you some historical perspective: the New York State experience over the last four years from 2010 -2013 to date was 77 cases of meningococcal disease. Of these 77 total cases 27 were caused by meningococcal type B (the type Princeton is dealing with). The other remaining cases were type Y (25 cases), type C (8), type W (6). There were also some cases that were not able to be grouped, were not tested or are not known. Novartis is going through a procedure to license their type B vaccine in the United States. The timeline depends upon how quickly they go through further clinical trials and the FDA approval process.

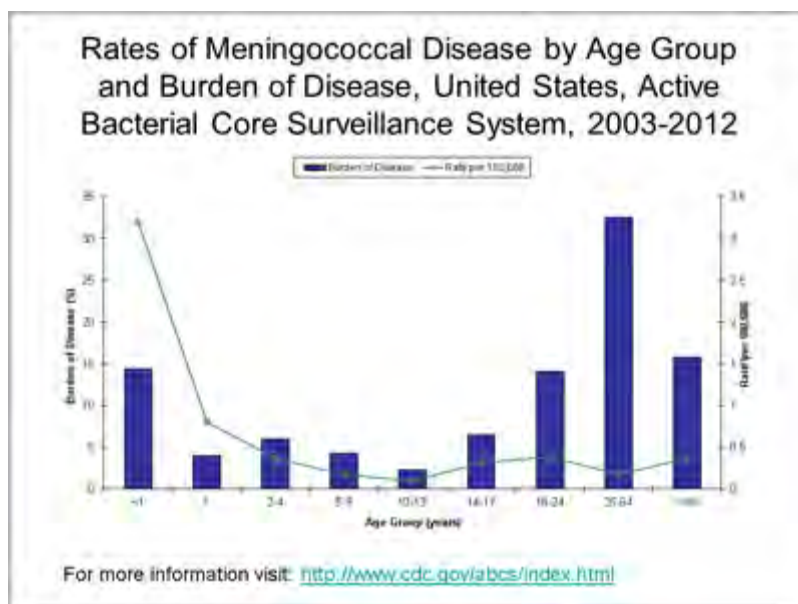
We have not had an experience similar to Princeton in New York State.

Usual control measures consist of limiting the sharing of objects that can spread the bacteria. This includes drinking containers, cigarettes, and other things that come in contact with the lips. People are advised to avoid kissing, and contact with things that come in contact with saliva in general and avoiding coughing into the air (remember the video "Just do it in your sleeves!"?). Fortunately meningococcal disease is not spread as easily as influenza or the common cold and it does require fairly close contact to pick up this disease. Princeton put out some very clever video clips, some of which they produced and some of which some other locations produced, to help get the message out to their student body. We have these on reserve in our library of resources for use should we need them in the future for our local region.

Now another outbreak is occurring unrelated to the one at Princeton. At The University of California, Santa Barbara (UCSB) is experiencing an outbreak of serogroup B meningococcal disease, with four confirmed cases reported during November 2013. The Santa Barbara County Public Health Department (SBCPHD), the California Department of Public Health (CDPH),

UCSB officials, and the Centers for Disease Control and Prevention (CDC) have been working closely together to monitor and respond to this outbreak and determine the best course of action to protect students' health.

CDC, with support from UCSB, SBCPHD, and CDPH, is moving forward with an Investigational New Drug (IND) application with the Food and Drug Administration (FDA) with the goal of being able to use the same serogroup B meningococcal vaccine that is licensed for use in Europe, Canada, and Australia in response to the UCSB outbreak. The IND would allow access to the serogroup B meningococcal vaccine during the UCSB outbreak for those identified as being at increased risk. There are still many steps that need to take place before the campaign can be implemented, but the process is underway.



Meningococcal –Update:

Dovetailing to the concerns nationwide about meningococcal disease are new recommendations that come from ACIP with regard to meningococcal vaccination. The advent of a new vaccine that connects Hib vaccine (haemophilus type B vaccine with meningococcal types C&Y prompted the ACIP to issue new recommendations for meningococcal vaccination.

In broad pen strokes for children less than age 11 there is no routine recommendation for meningococcal vaccination. There are certain situations in which vaccination is recommended. These are: travel to high risk pandemic areas, such as to the hajj on pilgrimage, children with functional or anatomic loss of their spleens and children who are immunodeficient. Otherwise there is no routine recommendation for this age group. Starting at age 11 meningococcal vaccination is recommended. A booster is recommendation at age 16 between ages 16 and 18 unless the first dose of vaccine is given at that age time. We shall see if the vaccine for type B comes into being, in which case it may complicate our vaccine schedule unless the vaccine would go from being a four component vaccine as it is for menactra and menveo to a 5

component vaccine. A lot of it may make things much similar- otherwise we will have two meningococcal vaccines which would both have to be given for maximum protection. These vaccines are available through the vaccines for children program which insures that children who are not covered or are inadequately covered by insurance can receive vaccines.

Under the Affordable Care Act beginning September 23, 2010, children up through 18 years of age benefitted from coverage. At that time a requirement that private health plans cover immunizations without any cost (deductibles or co-pays) became into being. This vaccine coverage includes meningococcal vaccine. Generally the vaccines that specifically fall under these types of plans are ones which the ACIP (Advisory Committee on Immunization Practices) approves.

Community Health Advisory Committee:

Attended the committee meeting on December 17, 2013. As usual a couple of very challenging cases were presented. These often are challenging due to the social economic and mental health issues. Staff collaborated in terms of approach to these cases in terms of using community resources and also working to support the affected individuals in each case and nurture the relationship between the healthcare delivery team and public health with the identified clients.

The committee provides a very nurturing and informative format to discuss these cases and at times provides a continuing education benefit as well.

Pertussis:

In December four new cases of Pertussis were indentified, two at Newfield and two at Cornell. There was no sign of further spread of these cases. Collaboration with Cornell medical services and also with the Newfield School District was ongoing between myself, Karen, the department and the district.

The total number of Pertussis cases this year to date is 9.

Healthcare Trends – Improving Population Management at the Practice Level

The agency for healthcare research and quality of the US government otherwise known as AHRQ provides resources to primary care practices with the intent of providing them with tools to improve population management and increase impact on chronic disease trends.

A number of these involve ways of assessing a practice's population to identify high risk co-harts and then provide tools to try to make some impact on the disease prevalence and the functionality of those co-harts.

Med techniques for evaluating patient education materials as well as information about most successful practices in communication of information are presented. This in order to improve the chances that patients will change behaviors and thus improve their health.

In addition, information with regard to retooling an office to deliver preventive and management services in an efficient and cost effective manner with maximum impact is also provided.

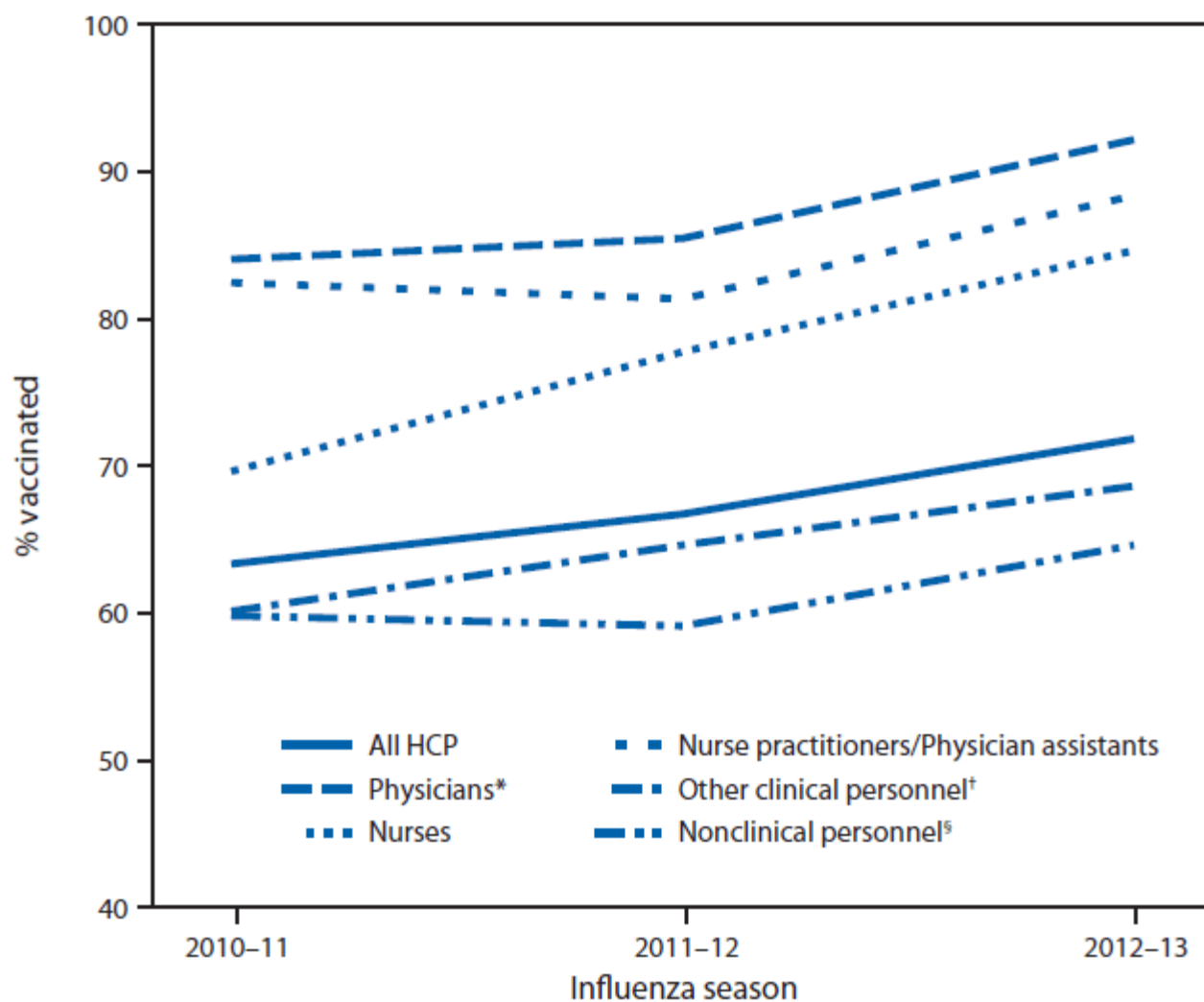
This all mesh's with trends that one see's in other areas. For example patient centered medical home effort (PCMH) is a buss word that is very prevalent in healthcare insurance and governmental circles. A lot of the patient centered medical home concepts and elements have to do with changing practice management from being individual patient based to being more population based and also increasing communication to and from patients and between practitioners. This to improve patient compliance with management strategies as well as to decrease redundant testing or unnecessary testing.

In an effort to further disseminate this information amongst our regional base and to improve the public health impact of managing chronic disease I have disseminated links to the agencies publications. This comes at a time when many primary care practices are involved in patient centered medical home and also in clinical integration.

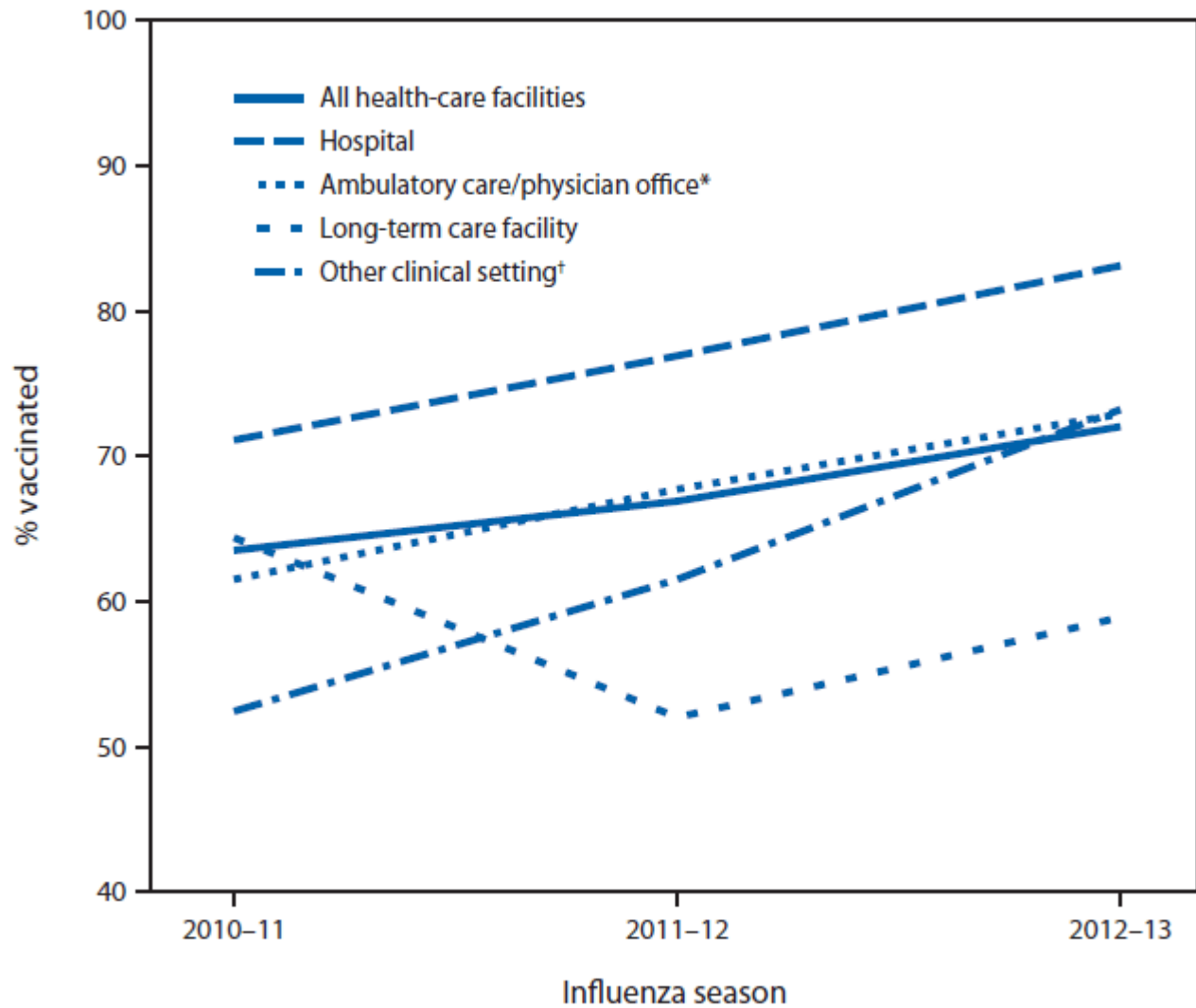
Other Activities:

- Reviewed the New York State codes and permitting requirements for mass gatherings both for general grounds and facilities, but also for emergency management facilities required.

Flu Vaccination Trends for Various Healthcare Personnel (HCP) 2010 to 2013



Flu Vaccination Trends by Health Care Setting 2010 to 2013



Division for Community Health Highlights for January 28, 2014 BOH Meeting
Sigrid Larsen Connors, Director of Patient Services (DPS)

Action item – Approval for revisions: *Meningococcal Vaccine Policy* –

Note – Action agenda and supporting documents are found at the front of the Division packet

Remembrance of Kelly Nickerson, Senior Account Clerk Typist – The Health Department, our Division and the Community Health Services team lost a valued and treasured member of our staff due to cancer on December 25. Kelly began working for the Nursing Division in February 1989 and was responsible for supervising support staff; billing and statistical reports for rabies, tuberculosis, maternal-child visits, flu, other immunizations and more as well as the social glue encouraging staff to don Halloween costumes and look at the fun side of life in the health department. She is missed dearly by all.

Kudos – Theresa Lyczko, Director of Health Promotion Program (HPP); Ted Schiele, Planner/Evaluator and Community Education Coordinator Samantha Hillson

- Theresa Lyczko and her team completed the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) on time after almost a full year of research, focus groups and participatory planning. See the HPP report for more detail. The CHA and CHIP are posted on the TCHD website.

Administration – For November, December 2013, the DPS:

- Participated in CHA/CHIP planning meetings, November 1 and 22.
- Met with NYSDOH representative and HPP and Administrative staff in review of the Tobacco Control Grant, December 12.
- Convened WIC staff meetings to review new and revised policies and directives, November 5 and December 3.
- Teleconferenced with regional NYSDOH WIC representatives in review of the Local Agency Local Agency Compliance and Self Assessment (LACASA), November 20. The state written review is expected in January 2014.
- Began orientation for Beth Huber, the new WIC Director on December 9. Ms. Huber comes to the program with over 14 years of experience in the WIC Program and has served as Director of Broome County Health Department WIC Program for the past four years.
- Met with Jennifer Grier, Senior Account Clerk Typist to begin planning for development of a Request For Proposal (RFP) to purchase an updated software product, December 11. The Division is in need of a software product to meet the public health and maternal child, clinical documentation, statistical and billing needs. The current software, Cerner, purchased in 2003, was designed for Certified Home Health Agencies (CHHA). With the closure of the CHHA in 2012 the system and company is no longer able to support the majority of Division computer functions.
- Convened the quarterly Community Health Quality Assurance Committee, December 17.

- Met with representatives of Cornell University medical and safety staff; Public Health Director Frank Kruppa; Karen Bishop, Supervising Community Health Nurse; Melissa Gatch, Team Leader and Nanette Scogin, CHN in review of research and work practices and communicable disease risks and quality assurance measures, December 19.
- Participated in Annual Infection Control Committee convened by Melissa Gatch, December 20.
- Oriented two TCHD staff to Division services, November 7 and 21.
- Accepted resignation of long-term Per Diem Community Health Nurse, Lori May in December. The Division has not used Per Diem help in over a year and no longer needs the position due to the CHHA closure.
- Training – Attended *Time Force Supervisor* training, November 6 and December 19; *Climate Change*, NYSACHO teleconference, December 2 and *Communicable Disease Draft Guidelines*, NYSACHO teleconference, December 13.

Other Meetings – Senior Leadership (Nov 6, 20, Dec 18); Billing & Support (Nov 21); BOH (Dec 10); DCH Management (Nov 14) and TCHD Management (26).

Division Statistical Highlights – January through December preliminary 2013 reports attached.

COMMUNITY HEALTH SERVICES **Karen Bishop, Community Health Nurse Supervisor** **November – December 2013 Report**

Maternal Child/Medicaid Obstetrical Maternal Services (MOMS) – Five Community Health Nurses (CHN's) continue to provide prenatal, postpartum and newborn assessments in the home and office setting.

Highlighted MOMS case: 17 year old with poor psychosocial history including rape and molestation at age 11 years with subsequent placement in foster care; father of baby with history of incarceration and client with on and off relationship with father of baby. Client admitted to the MOMS program at 7 weeks gestation. A CHN made monthly home visits during the client's pregnancy for health assessments, teaching and referrals to community services. At times, the nursing visits occurred at the public library due to the client's relationship with the foster care parents and school schedule. Several agencies were involved including DSS, Mental Health, and TP3. Client was placed with a different foster care family in her third trimester and delivered a full term infant weighing 6# 12 oz. Following two postpartum home visits, the client was discharged from MOMS care. At discharge, the client was receiving ongoing medical care from a primary care provider for herself and her infant and had the safety net of the above three agencies still involved.

Communicable Disease – See attached statistical reports.

Influenza - During November the first NYSDOH lab confirmed influenza case was reported in Tompkins County. By the end of December Tompkins County had **8 Influenza A** and **2 Influenza B** lab confirmed cases, age range 7-88 years of age. CHS continued to offer influenza vaccinations to children and adults by appointment several days per week including a special Saturday Family Flu Clinic on November 16.

Pertussis - In December CHS investigated **5 confirmed Pertussis** cases. 2 cases were college students living in the same apartment, 2 were in the Newfield Middle School, and one was a parent of one of the Newfield students. The Newfield school cases are considered an "outbreak" as defined by two or

more cases occurring within 42 days of each other and clustered in a common setting with one or more cases confirmed by culture. To date, there have been no subsequent confirmed cases.

Immunizations – Immunization audits continued with area primary care providers and one day care center. Several primary care providers have experienced difficulty sharing immunization data from their electronic medical record to the New York State Immunization Information System (NYSIIS). The audits are conducted reviewing NYSIIS report data. Tompkins County's baseline immunization rate for 19-35 months olds is 41%. CHS has been charged with increasing the county's immunization rate 1-2% annually.

Lead Poisoning

#1 case: (active case) Two year old previously reported required chelation in April due to initial blood lead level (BLL) of 65 mcg/dL. This is a challenging case with a complex psychosocial history. Most recent BLL was 26. Plan: Continue to monitor BLL's, coordinate care with primary care provider and Lead Resource Center, and prevent re-exposure.

#2 case: (active case) Two year old with venous BLL of 25 mcg/dL on 8/2/13. Child resides in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Last BLL was 19 mcg/dL. Plan: Will continue to monitor BLL's and coordinate care with primary care provider.

#3 case: (active case) Eleven month old twin with BLL of 22 mcg/dL on 9/3/13. Child chews on window sills. Twin sibling has BLL of 7 mcg/dL. Multiple areas in the home were positive for lead. Remediation was recommended as well as vacating the premises during remediation. Plan: Will continue to monitor remediation progress and BLL's.

#4 case: (new case) 10 month old with BLL of 11 mcg/dL on 11/01/13. No lead sources found in home. Parents believe source was in grandparents home and refuse follow up by the health department in either home. Plan: Child to be retested in doctor's office in 3 months.

Tuberculosis (TB) – 1 active pulmonary case until 11/18/13

TB Disease – Pulmonary – Drug Sensitive

- 17 year old Asian female, born in U.S., spent 10 years in Korea, identified in May 2013. Contact investigation included 15 contacts with one converter. Tolerated TB meds well. Received DOT Monday-Friday at home. **Completed 6 months of treatment 11/18/13. Case discharged.**

Suspect TB Disease - 1 case investigated

- High risk work setting in neighboring county, foreign born, received BCG as child. TB medical consultant ruled out disease based on clinical review, positive TST, negative QFT, and negative chest x-ray. Not a case of TB disease.

Latent TB Infection (LTBI) – 1 case

- 32 year old Asian male, born in Thailand, entered US 01/2013. Started 9 month treatment with Isoniazid 9/2013.

91 Tuberculin Skin Tests (TST) placed during November and December. Of the 91 placed, 2 were positive. Both cases (from one family) were evaluated by the TB nurse/MD, were asymptomatic, and had negative chest x-rays. Family recently entered the US in 8/2013 from Burma. Both have deferred LTBI treatment for now.

Mentoring – CHS nurses completed mentoring one Upstate Medical RN for her community health clinical experience.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Conference calls:
 - Legislative Day Community Education, November 1. Samantha Hillson, Community Education Coordinator
 - Great American Smokeout November 7. Samantha Hillson, Ted Schiele, Planner/Evaluator
 - Point of Sale, November 12. Ted Schiele, Samantha Hillson
 - Legislative Day, November 12, 15, December 17. Samantha Hillson
 - Tobacco Free Pharmacies, November 22. Samantha Hillson
 - Tobacco Free Outdoors, November 26. Samantha Hillson
 - Tobacco Free Multi-Unit Housing, November 20, December 18. Samantha Hillson
 - Community Partners Technical Assistance, December 4. Samantha Hillson, Ted Schiele
 - Tobacco Free College Campuses December 11. Ted Schiele, Samantha Hillson
 - Regional Steering Committee December 16. Ted Schiele
 - Community Education call, December 20. Samantha Hillson
- Community Education:
 - Ongoing meetings with New Roots Charter School students. Planning event for Great American Smokeout (GASO) on November 21. Distributed flyers and notified business owners on Cayuga St. about GASO event, November 18. Media alert and press release were sent out to garner earned media on November 19. Samantha Hillson
 - Cayuga Street Smokeout Challenge took place on November 21 and was a great success. The Mayor and City Councilman, Seph Murtagh, County Legislator Jim Dennis, Police Chief Barber stopped by at New Roots School outdoor event. WHCU interviewed students. Samantha Hillson, Ted Schiele, Theresa Lyczko
 - P&C Fresh at East Hill Plaza - Great American Smokeout planning meeting with owners, Cayuga Radio Group, and T-Free Cortland November 7. Drop off posters to advertise event November 19. GASO event took place at P&C on November 21. T-Free and Quitline information, provided; Cayuga Radio Group Lite Rock 97.3 conducted a two – hour live radio feed. T-Free contractors were interviewed during the radio spot, tabling involved a drawing for 4 free turkeys (P&C donated 2). Ted Schiele, Samantha Hillson
 - Ongoing communication with 4-H Urban Outreach Program on West Hill. Attended meeting with youth, participated in Community Café discussion about “above the influence,” December 6. Samantha Hillson
 - Follow-up phone calls for Smoke-Free Housing Mailing sent in October, November 15. Samantha Hillson
 - Delivered smoke-free housing and cessation materials to Ithaca Housing Authority, Juniper Village, and Overlook at West Hill, November 5, 18, 28. Samantha Hillson
 - Presentation to Ithaca College Public Health Policy class, November 7. Ted Schiele, Samantha Hillson
 - Groton Community Health Care Center: technical assistance ongoing and signs developed for Tobacco Free property; “town hall” meeting with staff to discuss new tobacco free policy, November 8. Ted Schiele

- COPD monthly series presentation on tobacco cessation and tobacco free environments – CMC and TCHD collaboration – no attendees, November 14. Ted Schiele, Samantha Hillson, Susan Dunlop, Community Health Nurse, session co-coordinator.
- Tobacco Program site visit with NYSDOH contract manager, December 12. Ted Schiele, Samantha Hillson, Theresa Lyczko
- Ongoing meeting with New Roots, support with Senior Capstone Project: students will start research to propose a tobacco control policy to County Legislature, December 3 to 17, attended New Roots board meeting for presentation by student about Cayuga Street Smokeout GASO event. Student presented a video of the interview with Ithaca Mayor, December 12. Samantha Hillson
- Youth Action committee meeting, December 13. Samantha Hillson
- Kick Butts Day initial planning meeting at Southside Community Center (SSCC) with SSCC Executive Director, GIAC Youth Coordinator, and Cayuga Center for Healthy Living staff, December 17. Samantha Hillson
- Meeting with, Ithaca High School government teacher to brainstorm ideas on collaboration with students, December 17. Ted Schiele, Samantha Hillson
- Meeting with Ithaca Youth Council and Ithaca Youth Bureau to discuss collaboration for Kick Butts Day (KBD) in March; social media campaign leading up to KBD, December 17. Ted Schiele, Samantha Hillson
- KBD call with Cayuga Center for Healthy Living staff, December 20. Ted Schiele, Samantha Hillson

Government Officials education:

- Meeting with Dryden Trustee, about outdoor tobacco free policy, November 19. Samantha Hillson, Ted Schiele
- Developed and sent monthly e-newsletter to 125 people including State Senators, Assemblywoman, County Legislators, and City Council, November 26. Samantha Hillson
- Submitted FDA Docket: Adopt Regulations to Protect our Nation's Health by Asserting Jurisdiction over all Tobacco Products, December 9. Samantha Hillson
- Training in Rochester:" Finding your Marion": Cultivating champions in your community, December 10. Ted Schiele, Samantha Hillson
- American Public Health Association (APHA) webinar – 1.0 hours "Cultivation Prevention Champions: Making the case to Local elected Officials," November 12. Samantha Hillson
- Written response to Ithaca Times "Thumbs Down" on state tobacco spending, December 16. Ted Schiele

TCHD Support and Participation

- Blood Borne Pathogen training to 9 CHS staff, November 6. Susan Dunlop
- Media: Coordinated media interview with Public Health Director and *Ithaca Journal* on flu season and flu prevention, November 6. Press release on flu clinic; information on dog location to rule out diseases, November 17. Flu Immunization week, December 18. Theresa Lyczko
- Media: Coordinate November 26 WHCU monthly interview; winter safety highlighted with Public Health Emergency coordinator. Theresa Lyczko
- Public Information Officer meeting, November 21. Theresa Lyczko
- Presentation to TCHD management on importance of reviewing program content for accuracy, timeliness; content priority and presentation of TCHD through the website, November 26. Ted Schiele, Theresa Lyczko
- Blood borne pathogen training for new Community Health Nurse in CSCN, December 31. Susan Dunlop

Web site postings – Ted Schiele

- Ongoing work to become more familiar and proficient with the new Web site platform/format.
- Press Releases for flu vaccination services, find dog alerts,
- Posting and updates for BOH packet, Emergency Prep/ PHP page, CHA, healthy holiday tips.

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

- Most of November was dedicated to completing the CHA and CHIP. This included communicating with community partners through emails, phone calls, and in - person meetings. HPP staff met regularly with Director of Patient Services and Public Health Director. Ted Schiele, Theresa Lyczko – coordinated.
- CHA and CHIP completed and submitted to NYSDOH on due date. Uploaded to NYSDOH Web site November 15. Ted Schiele, Theresa Lyczko
- Responded to inquiry from City of Ithaca staff on City data, November 21. Theresa Lyczko
- Posted to TCHD Web site, November 25
- Press release and posting (with link to CHA and CHIP) to Human Services Coalition, December 2. Theresa Lyczko
- Responded to *Ithaca Journal* inquiry on CHA/CHIP, December 3. Theresa Lyczko

Community Outreach

- Co-led (with Health Planning Council staff) the six – week Diabetes Self Management class, November 5, 12, 19, 26 and December 3, 10, 17. Six people started and completed the class. Susan Dunlop
- Presented an overview of the Chronic Respiratory Disease educational series occurring at the Health Department to members of the Aging Services Network, November 8. Susan Dunlop
- Met with Cayuga Center for Healthy Living and Health Planning Council staff to discuss coordination and promotion of various diabetes prevention and management programs offered by community agencies and providers. November 8. Susan Dunlop
- Presented “What is Pre – Diabetes, the Diabetes Prevention Program (DPP) and Diabetes Self-Management (DSMP) to 6 community members at the YMCA. Three people signed up for the DPP and another for the DSMP, November 20. Susan Dunlop
- Led the first post –core monthly session of the sixteen week DPP; all 6 participants attended. Topics included the purpose of the post- core sessions and importance of attendance. The challenges of eating well and maintaining a physical activity routine through the holidays were also discussed, December 3. Susan Dunlop
- Presented, “What is Pre- Diabetes,” to Ithaca College staff at a “lunch and learn” session. Four people attended, December 5. Susan Dunlop, Theresa Lyczko
- Attended a meeting of peer leaders who conduct the Chronic Disease Self- Management (CDSMP) and Diabetes Self- Management (DSMP) Programs in the community to plan for 2014, December 9. Susan Dunlop
- Met with Health Planning Council staff to assess fee structure and schedule for DPP in 2014, December 11. Susan Dunlop, Theresa Lyczko
- Co – led with CMC dietitian and exercise physiologist the third program in the Chronic Disease Respiratory monthly educational series; 7 people attended, December 14. Susan Dunlop
- Creating Healthy Places (CHP) - Wellness Committee Meetings in November and December at 2 different worksites, Ted Schiele
- CHP – Attended Friends of Stewart Park (FSP) board meeting and recorded and submitted minutes for October and November board meetings, November 19. Theresa Lyczko

- CHP – met with new Creating Healthy Places coordinator to discuss role of public health and TCHD, December 5. Ted Schiele, Theresa Lyczko
- CHP – Contributed to editing FSP outreach materials through December via email and attended editing session, December 13. Theresa Lyczko

Meetings and Trainings

- Health Planning Council Board, November 13. Theresa Lyczko
- Time Force training in November – all HPP staff; additional training, December 19. Ted Schiele, Theresa Lyczko
- CCHY: Executive Committee December 9; Board December 20. Ted Schiele
- Safety Training/Right to Know for new employees, December 19. Samantha Hillson
- Annual Right to Know, December 30. Theresa Lyczko, Susan Dunlop

WIC Program

- The new WIC Program Director Beth Huber, RD completed a quality assurance site visit to Salvation Army WIC Clinic on 12/11/13. Outreach checklist completed.
- First staff meeting held 12/18/13. The Local Agency Compliance and Self Assessment (LACASA) focal areas for 2014 were discussed as well as Nutrition Assessment expectations for site visits.
- FFY 2014 NYSDOH Regional Office Report shared with staff. New report includes the manual tracking of scheduled appointments during extended hours of operation and monthly progress of LACASA goals.
- Facilitated Group Discussion- in process. Working on logistical issues and developing another name for “group”. The goal is to decrease the stigma sometimes associated with the word and encourage families to participate at scheduled appointments. The NYS initiative for facilitated discussion is based on the idea that participants learn best from each other and have an increased likelihood of behavioral change when the ideas come from their peers vs. an instructional setting.

ATTACHMENTS

- Division Statistical Highlights, January – December 2013
- Summary of DC103s by Disease, November 2013 and December 2013
- Communicable Disease Summary Report, January – December 2013
- WIC Dashboard, December 2013

Division for Community Health

Clinic Statistical Highlights 2013

Community Health Services	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
Clinics															
# of Immunization Clients	25	20	21	13	15	4	25	20	53	32	27	17	272	411	411
# of Immunizations Given	29	37	27	21	20	4	33	30	101	54	47	31	434	574	574
Children 0 - 19 yrs.	14	34	12	15	10	0	19	21	88	48	37	23	321	295	295
Adults 20 yrs. & over	15	3	15	6	10	4	14	9	13	6	10	8	113	194	279
# of Flu Immunizations	2	0	0	0	0	0	0	0	146	630	174	19	971	916	916
Rabies Vaccination Program															
Post-Exposure Clients	1	1	1	2	9	11	16	25	20	4	1	0	91	103	103
Post-Exposure Vaccinations	3	2	4	6	19	37	47	46	40	5	1	0	210	282	282
Tuberculosis Program															
Cumulative Active TB clients	2	2	2	2	3	3	3	3	3	3	3	3	3	5	5
Active TB Admissions	0	0	0	0	1	0	0	0	0	0	0	0	1	5	5
Active TB Discharges	1	0	0	0	0	0	1	0	0	0	1	0	3	3	3
Cumulative Latent TB Infection Clients	33	33	34	37	37	39	40	40	40	40	40	42	42	93	93
Latent TB Infection Admissions	3	0	1	3	0	2	1	0	0	0	0	2	12	51	51
Latent TB Infection Discharges	1	2	2	4	5	3	3	3	3	1	0	0	27	54	54
TB Direct Observe Therapy Visits	21	16	13	13	52	34	27	23	19	22	11	0	251	415	415
# of PPDs	25	40	58	20	16	39	64	32	94	53	85	6	532	474	474
Anonymous HIV Clinics															
# of HIV Clinics - including Walk-Ins	7	5	5	5	6	4	8	4	7	6	7	7	71	74	74
# of Counseled & Tested	10	6	7	7	8	3	7	6	6	14	3	7	84	120	120
HIV+ Eliza & Western Bloc	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
												Final	Prelim		
WIC	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec			
Total Enrolled (average)	1806	1799	1793	1758	1778	1821	1837	1798	1815	1794	1785	1774	1797	1781	1781
Total # Served (average)	1545	1555	1546	1533	1517	1498	1506	1502	1471	1502	1466	1445	1507	1519	1519
% Caseload Target (avg) *2000 FY12	79.5%	77.8%	77.3%	76.7%	75.9%	74.9%	75.3%	75.1%	74.0%	75.10%	73.30%	72.25%	75.58%	75.97%	75.97%
Monthly Clinic No-Show Rate (% avg.)	12.0%	13.6%	13.8%	12.8%	14.7%	17.7%	18.0%	16.5%	18.9%	16.27%	17.87%	18.54%	15.33%	15.20%	15.20%
# of Clinics	21	23	21	22	22	20	19	22	20	22	18	21	251	267	267

All statistics are considered primary as data is continually collected and updated

UA = Unavailable at this Time

**Division for Community Health
Program Visit Statistical Highlights**

Maternal Child Services/MOMS program	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
Cumulative Unduplicated Client Count	186	216	238	269	307	344	374	400	412	468	488	516	516	346	346
# of Admissions	37	30	22	31	38	37	30	26	29	37	16	21	354	341	341
# of Discharges	37	18	35	22	34	17	30	22	14	44	44	34	351	375	375
Total # of Office Visits	31	31	30	34	36	37	35	28	34	40	19	27	382	332	332
# of Antepartum Home Visits	46	40	42	50	37	40	52	53	48	39	39	47	533	493	493
# of Postpartum Home Visits	31	17	34	22	37	22	27	19	23	32	17	30	311	306	306
# of Pediatric Home Visits	14	16	11	8	9	12	21	11	2	9	10	13	136	56	56
Total # of Home Visits	91	73	87	80	83	74	100	83	73	80	66	90	980	855	855
Total # of Home & Office Visits	122	104	117	114	119	111	135	111	107	120	85	117	1362	1187	1187
# of RN Home Visit Hours	89	66	83	78	81	72	93	79	107	142	150	135	1175	865	865
# of Childbirth Education Classes	2	1	0	3	0	3	0	3	0	2	1	0	15	6	6
# of Childbirth Education Moms	8	5	0	12	0	0	0	8	0	4	12	0	49	20	20
On Call Visits															
Maternal Child On Call Visits	0	0	0	0	1	2	0	0	0	1	1	0	5	3	3
Rabies On Call Vaccinations	0	1	0	1	2	4	9	6	5	1	1	0	30	39	39
TB Direct Observe Therapy On Call Visits	0	0	0	0	3	0	0	0	0	0	0	0	3	7	7

2013 Log of Public Contacts* (Via Telephone or Email) For Community Health Services													2013 Total	2012 Total	2011 Total
Communicable Disease (including Flu/Pneumonia disease related, HIV, Rabies and TB)	160	266	82	142	189	139	178	178	168	138	153	141	1934	2182	2004
Immunization (including Flu)	119	57	73	109	95	72	114	85	277	456	205	191	1853	1460	1921
Maternal Child/Family/MOMS	112	57	286	405	383	340	371	353	354	315	286	258	3520	4127	3906
Miscellaneous	27	29	34	63	61	42	44	52	56	32	44	59	543	472	535
Total	418	409	475	719	728	593	707	668	855	941	688	649	7850	8241	8366

*2012 and prior Public Contacts include Home Care Program calls. Home care program closed in May 2012.

All statistics are considered preliminary as data is continually collected and updated.

UA = Unavailable at this time

November Summary of DC103s by Disease without Name

CAMPYLOBACTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/7/2013	F	1	80	

CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/1/2013	M	1	21	
11/4/2013	F	2	21	
11/5/2013	F	3	20	
11/7/2013	M	4	22	
11/8/2013	F	5	23	
11/7/2013	F	6	20	
11/8/2013	F	7	26	
11/8/2013	F	8	20	
11/12/2013	F	9	19	
11/13/2013	M	10	22	
11/14/2013	F	11	23	
11/13/2013	F	12	23	
11/14/2013	F	13	23	
11/19/2013	M	14	26	
11/19/2013	M	15	24	
11/20/2013	M	16	23	
11/20/2013	M	17	28	
11/22/2013	F	18	21	
11/25/2013	F	19	21	
11/27/2013	M	20	22	
11/29/2013	F	21	21	
11/25/2013	F	22	26	
11/12/2013	M	23	21	

EHEC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/27/2013	F	1	33	

HEPATITIS B CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/12/2013	M	1	39	

HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/9/2013	F	1	28	
11/13/2013	M	2	29	
11/18/2013	F	3	58	
11/19/2013	M	4	49	
11/23/2013	M	5	24	

PERTUSSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/20/2013	F	1	21	

SALMONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/11/2013	F	1	21	

STREP GROUP A, INVAS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/25/2013	M	1	37	

STREP PNEUMO

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
11/4/2013	F	1	68	

TOTAL DISEASE COUNT 35 *

**Total disease count does not include individuals who received rabies post-exposure vaccine.*

December Summary of DC103s by Disease without Name

CAMPYLOBACTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
12/3/2013	M	1	12	
12/5/2013	M	2	25	
12/5/2013	F	3	68	

CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
12/2/2013	F	1	20	
12/3/2013	F	2	21	
12/3/2013	M	3	25	
12/4/2013	M	4	21	
12/5/2013	M	5	26	
12/6/2013	F	6	20	
12/12/2013	F	7	19	
12/11/2013	M	8	18	
12/13/2013	F	9	18	
12/12/2013	M	10	28	
12/17/2013	F	11	19	
12/10/2013	M	12	30	
12/17/2013	F	13	22	
12/18/2013	F	14	21	
12/19/2013	F	15	22	
12/20/2013	M	16	19	
12/19/2013	M	17	21	
12/19/2013	F	18	23	
12/19/2013	M	19	22	
12/19/2013	F	20	20	
12/23/2013	F	21	21	

GONORRHEA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
12/4/2013	M	1	22	
12/5/2013	M	2	26	

HEPATITIS C

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
12/1/2013	M	1	33	

HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
12/1/2013	M	1	38	
12/3/2013	F	2	24	
12/6/2013	F	3	52	

PERTUSSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
12/9/2013	F	1	21	
12/7/2013	F	2	51	
12/7/2013	F	3	13	
12/11/2013	M	4	13	

TOTAL DISEASE COUNT 34 *

*Total disease count does not include individuals who received rabies post-exposure vaccine.

2013 Communicable Disease Report

DISEASE	2012													2013
	TOTALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
AIR-BORNE ENVIRONMENTAL DISEASE	2	0	0	0	0	0	0	1	1	1	1	0	0	4
LEGIONELLOSIS	2	0	0	0	0	0	0	1	1	1	1	0	0	4
ARTHROPODA-BORNE DISEASES	21	0	0	1	1	2	10	13	8	0	1	0	0	36
ANAPLASMOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BABESIOSIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
*LYME DISEASE	20	0	0	1	0	2	10	13	7	0	1	0	0	34
MALARIA	0	0	0	0	1	0	0	0	1	0	0	0	0	2
BLOODBORNE DISEASES	82	6	6	9	7	8	3	4	5	2	4	5	4	63
HEPATITIS C, ACUTE	5	0	0	0	0	0	0	0	2	1	1	0	0	4
HEPATITIS C, CHRONIC	77	6	6	9	7	8	3	4	3	1	3	5	4	59
CENTRAL NERVOUS SYSTEM DISEASES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGITIS, BACTERIAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GASTROINTESTINAL ILLNESSES	74	4	2	5	8	5	6	11	11	9	7	3	3	74
BACTERIAL	42	1	1	4	7	3	4	9	4	4	4	3	3	47
CAMPYLOBACTERIOSIS	21	0	1	2	4	1	2	0	3	1	2	1	3	20
E. COLI 0157:H7	2	0	0	0	0	0	1	2	0	1	2	1	0	7
LISTERIOSIS	1	0	0	0	0	0	0	1	0	1	0	0	0	2
SALMONELLOSIS	14	1	0	2	3	0	1	6	1	0	0	1	0	15
SHIGELLOSIS	3	0	0	0	0	1	0	0	0	0	0	0	0	1
YERSINIOSIS	1	0	0	0	0	1	0	0	0	1	0	0	0	2
PARASITIC	32	3	1	1	1	2	2	2	7	5	3	0	0	27
AMEBIASIS	1	1	0	0	0	0	0	0	0	0	0	0	0	1
CRYPTOSPORIDIOSIS	12	1	1	0	1	2	2	0	5	0	0	0	0	12
CYCLOSPORIASIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	18	1	0	1	0	0	0	2	2	5	3	0	0	14
MYCOBACTERIUM AGENTS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
TUBERCULOSIS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
RABIES EXPOSURE	108	2	2	3	2	9	12	16	25	20	4	1	0	96
ADMINISTERED @ TCHD	96	1	1	3	2	9	11	16	19	20	4	1	0	87
ADMINISTERED @ GANNETT	12	1	1	0	0	0	1	0	6	0	0	0	0	9
SEXUALLY TRANSMITTED DISEASES	319	29	21	31	26	20	23	20	22	34	42	23	23	314
CHLAMYDIAL INFECTIONS	283	26	19	27	22	18	20	20	19	22	31	23	21	268
GONORRHEA	31	3	2	4	4	1	3	0	3	12	11	0	2	45
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS, INFECTIOUS	5	0	0	0	0	1	0	0	0	0	0	0	0	1
INVASIVE DISEASES, NOT VACCINE PREV.	14	1	1	0	0	0	1	0	2	2	2	1	0	10
STREPT GROUP A	7	0	0	0	0	0	0	0	0	1	0	1	0	2
STREPT GROUP B	7	1	1	0	0	0	1	0	2	1	2	0	0	8
VACCINE PREVENTABLE DISEASES	149	2	4	1	3	1	5	2	2	0	0	3	4	27
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE, INVASIVE	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS A	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, ACUTE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, CHRONIC	16	0	0	1	1	0	1	1	1	0	0	1	0	6
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PERTUSSIS	122	1	2	0	0	0	1	1	0	0	0	1	4	10
RUBELLA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT PNEUMO, INVASIVE	4	1	2	0	2	0	1	0	0	0	0	1	0	7
TETANUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	5	0	0	0	0	1	2	0	1	0	0	0	0	4
GRAND TOTAL OF REPORTS	773	44	36	50	47	46	60	67	76	68	61	36	34	625

*Due to high incidence, Tompkins Co. designated "sentinel county" by NYSDOH, only 20% of reported lab confirmed cases are investigated.

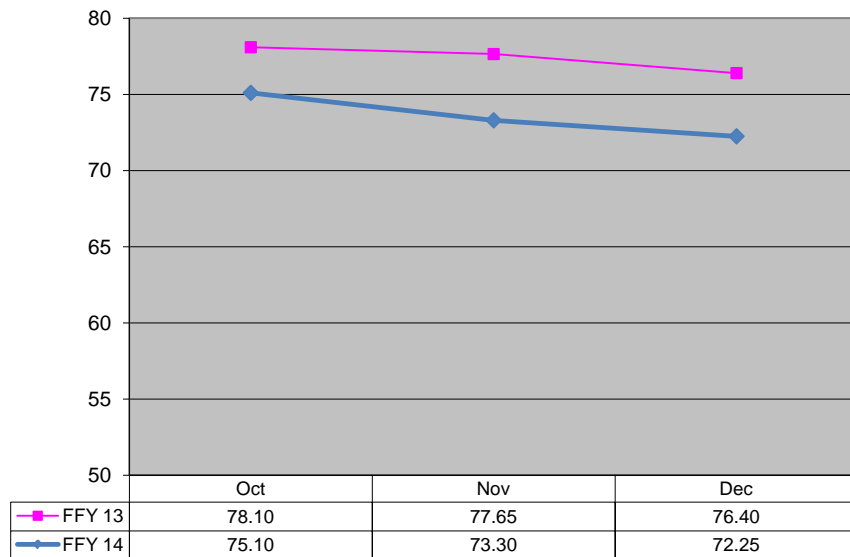
5/2013 Miscellaneous = 1 Rocky Mountain Spotted Fever

6/2013 Miscellaneous = 1 Meningitis, Aseptic and 1 Herpes Simplex II Encephalitis

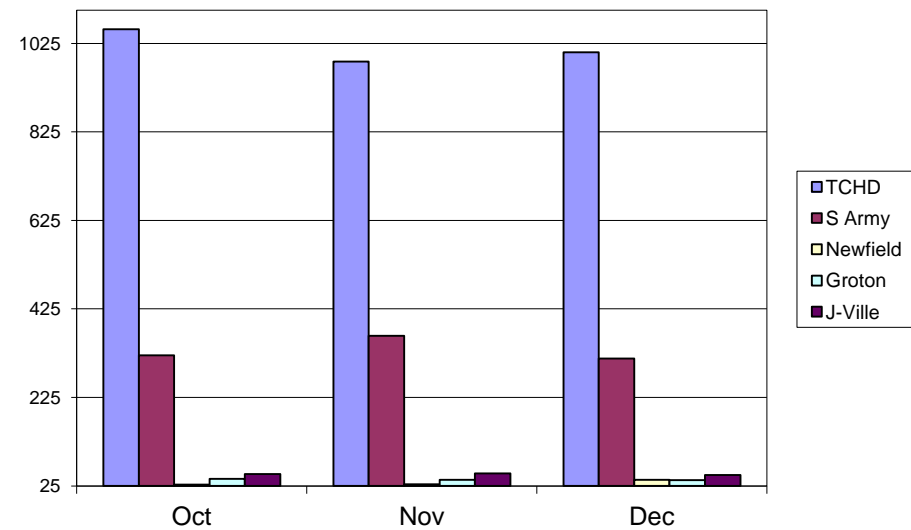
8/2013 Miscellaneous = 1 Hepatitis Unknown

Tompkins County WIC Dashboard for January BOH Meeting - Report of official NYS WIC statistics

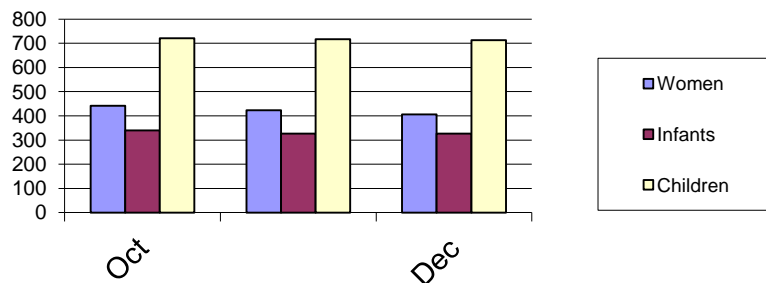
Percentage of Caseload Target



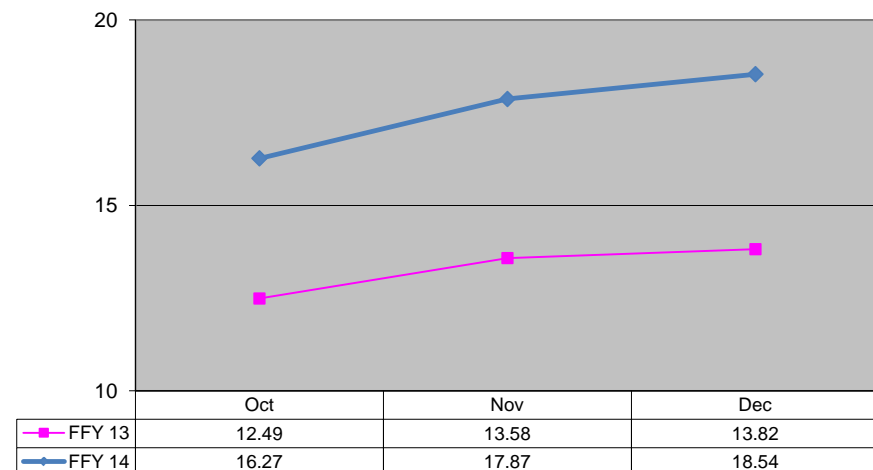
WIC Participants Receiving Benefits at each Site



Total Number of Women, Infants & Children Receiving Benefits



Participant No Show Rate

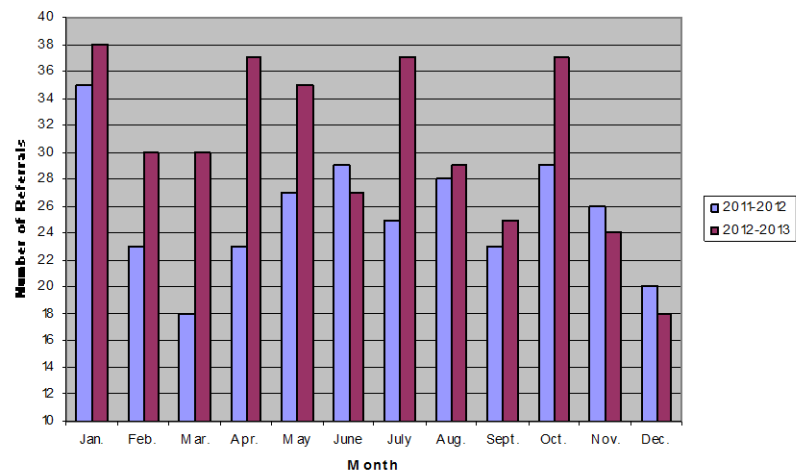


Total WIC Participation	December 2012	December 2013
	1445	1528

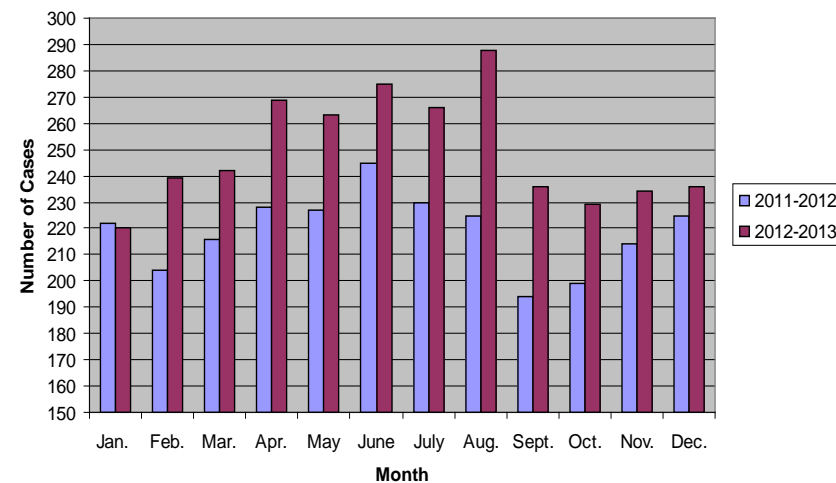
WIC ParticipantTarget Caseload	FFY 2013	FFY 2014
	2000	2000

Children with Special Care Needs Division

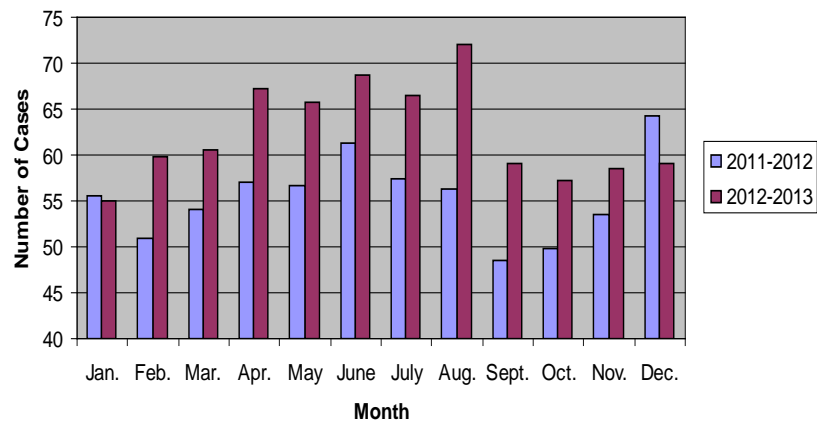
Total Number of EI Referrals



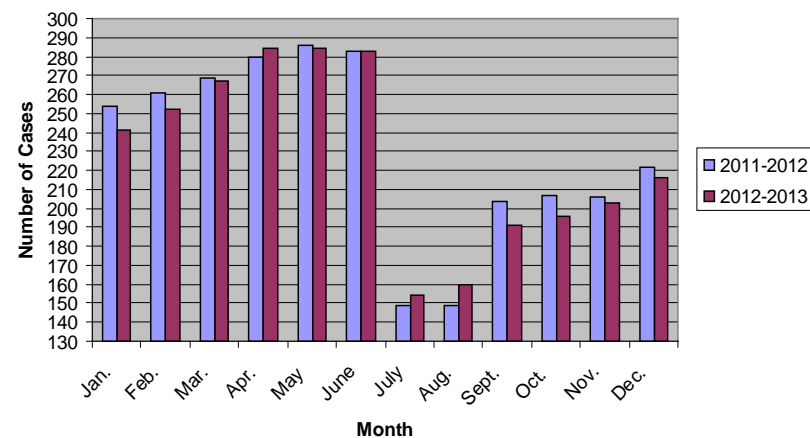
Total Number of Early Intervention Cases



Average Service Coordinator Caseloads



Total Number of Preschool Cases



Sept. 2012-Dec. 2012 denotes one less Service Coordinator

Children with Special Care Needs Division														
Statistical Highlights 2013														
													2013	2012
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
Early Intervention Program														
Number of Program Referrals	38	30	30	37	35	27	37	29	25	37	24	18	367	310
Initial Concern/reason for referral:														
-- Birth/Medical History													0	5
-- DSS Founded Case		1	3			2	2	1	1				10	5
-- Failed MCHAT Screening													0	1
-- Gestational Age	3	1	1	1	1	3	3	1	1		1		16	11
-- Gestational Age & Hearing											1			
-- Global Delays				1		1				1	1		4	5
-- Hearing				1					1				2	0
-- Physical														
-- Feeding		3		1	1	1		1			4		11	9
-- Gross Motor	7	4	8	8	8	9	8	4	6	9	3		74	61
-- Gross Motor & Feeding				1	1							1	3	2
-- Gross Motor & Fine Motor				2	1					1			4	4
-- Gross Motor & Social Emotional			2		1								3	4
-- Fine Motor			2	1									3	2
-- Fine Motor/Vision													0	0
-- Vision													0	1
-- Social Emotional	2	2	1	1	2			2	2	3			15	10
-- Social Emotional & Adaptive									1		2		3	5
-- Social Emotional & Cognitive													0	0
-- Social Emotional & Feeding		1											1	0
-- Social Emotional & Vision													0	0
-- Speech	16	12	8	7	9	8	15	13	12	13	5	9	127	110
-- Speech & Adaptive													0	0
-- Speech & Cognitive	1												1	0
-- Speech & Fine Motor												1		
-- Speech & Gross Motor			2	2		1		1			1	4	11	13
-- Speech & Social Emotional	2	1	1	1	3			2	1		3		14	15
-- Speech & Feeding				1				2		1			4	3
-- Speech & Hearing		1	1										2	5
-- Transfer from other Municipality													0	4
-- Adaptive						1							1	1
-- Adaptive/Feeding	4									1			5	3
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis	2	2	1	4		1				4	1		15	4
-- Child Find (At Risk)	1	2		5	8		6	2		4	2	3	33	27
Total # of clients qualified and receiving svcs	181	201	203	229	235	247	240	253	208	200	201	207		
Total # of clients pending intake/qualification	39	38	39	40	28	28	26	35	28	29	33	29		
Total # qualified and pending	220	239	242	269	263	275	266	288	236	229	234	236		
Average # of Cases per Service Coordinator	55	59.75	60.5	67.25	65.75	68.75	66.5	72	59	57.25	58.5	59		
# of Family/Client visits														
-- Intake visits	24	27	25	16	25	24	33	25	23	35	18	18	293	239
-- Introduction Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	26
-- IFSP Meetings	48	46	43	52	54	26	36	32	48	36	22	28	471	444
-- Amendments	13	14	14	20	23	23	33	17	15	20	18	14	224	194
-- Evaluations	30	29	29	35	34	25	30	26	28	36	19	21	342	252

Children with Special Care Needs Division														
Statistical Highlights 2013														
													2013	2012
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
-- Clinic Visit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- DSS Visit	0	0	1	1	1	0	3	0	1	1	1	0	9	0
Early Intervention Program (continued)														
-- EIOD visits	4	0	6	10	1	0	5	17	13	5	1	1	63	42
-- Observation Visits	42	28	37	35	26	23	22	31	32	33	23	24	356	425
-- CPSE meetings	10	2	8	2	8	13	8	4	1	6	1	5	68	86
-- Family meetings	0	0	0	0	0	2	0	0	0	0	0	0	2	8
-- Program Visit	0	1	0	2	0	1	1	0	0	2	2	1	10	5
-- Family Training/Team Meetings	1	0	0	0	1	0	0	0	0	1	1	0	4	20
-- Transition meetings	22	6	10	2	6	3	31	3	7	8	0	12	110	121
-- Other Visits	0	0	2	0	0	3	0	1	1	2	0	0	9	21
# of Individualized Family Service Plans Completed	48	48	42	52	53	38	31	35	44	42	31	28	492	474
# of Amendments to IFSPs Completed	13	15	14	21	24	30	34	18	17	21	19	14	240	226
Children with Services Pending														
-- Assistive Tech	0	0	1	0	0	3	1	1	0	0	0	0		
-- Audiological	0	0	0	0	0	0	1	0	0	0	0	0		
-- Feeding	0	0	0	0	0	0	0	0	0	0	0	0		
-- Group Developmental Intervention	0	0	0	0	0	0	0	0	0	0	0	0		
-- Nutrition	1	0	0	0	0	0	0	0	0	0	0	0		
-- Occupational Therapy	1	1	0	1	5	0	0	0	0	0	2	0		
-- Physical Therapy	0	1	1	0	0	0	0	1	5	5	4	1		
-- Social Work	0	0	0	1	2	1	2	0	0	0	0	0		
-- Special Education	1	0	0	1	1	1	0	0	0	0	1	1		
-- Speech Therapy	0	0	0	0	0	0	0	0	0	2	1	0		
# of Evaluations Pending	9	4	7	11	2	0	9	9	10	8	10	16		
Type:														
-- Diagnostic Psychological														
-- Developmental Pediatrician												3		
-- Other										1				
-- Supplemental Evaluations	9	4	7	11	2	0	9	9	10	7	10	13		
Type:														
-- Audiological	1	0	3	3	1	0	3	5	3	0	0	1		
-- Auditory Brain Response (ABR)	0	0	0	0	0	0	0	0	0	0	0	0		
-- Feeding	0	1	1	1	0	0	0	2	1	0	0	1		
-- Physical Management Clinic	0	0	0	0	0	0	0	0	0	0	0	0		
-- Physical Therapy	1	0	1	1	1	0	0	0	1	4	3	3		
-- Speech	2	2	1	2	0	0	3	0	1	1	1	1		
-- Occupational Therapy	5	1	1	4	0	0	3	2	4	2	6	7		
-- Vision	0	0	0	0	1	0	1	1	0	0	0	0		
# of Evaluations Completed	7	6	5	3	13	9	6	2	6	9	6	3	75	62
Type:														
-- Diagnostic Psychological													0	2
-- Developmental Pediatrician	1												1	0
-- Other													0	1
-- Supplemental Evaluations	6	6	5	3	13	9	6	2	6	9	6	3	74	59
Type:														
-- Audio	0	1	2	1	3	2	1	1	1	0	2	0	14	13

Children with Special Care Needs Division														
Statistical Highlights 2013														
													2013	2012
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
-- Feeding	0	0	0	0	0	0	0	0	1	0	0	0	1	10
-- Occupational Therapy	4	4	2	1	6	2	2	0	3	8	2	3	37	18
-- Physical Management Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	2
-- Physical Therapy	1	1	0	1	1	2	1	0	0	0	0	0	7	6
Early Intervention Program (continued)														
-- Social Emotional	0	0	0	0	0	1	2	0	0	0	0	0	3	1
-- Speech Therapy	1	0	1	0	3	2	0	1	1	1	2	0	12	7
-- Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Autism Spectrum														
-- Children currently diagnosed:	0	0	0	0	0	0	0	0	0	1	1	1		
-- Children currently suspect:	6	5	8	10	14	3	15	4	9	16	16	16		
Children with 'Other' Diagnosis														
-- Agenesis Corpus Collosum	0	0	0	1	1	1	0	0	0	0	0	1		
-- Bronchopulmonary Displasia (DPD)	0	0	0	0	0	0	0	0	0	3	2	1		
-- Cardiac Anomalies	2	1	1	3	3	4	3	3	1	2	2	2		
-- Cerebral Palsy (CP)	3	2	2	5	5	4	3	3	2	2	3	2		
-- CP with Hearing & Vision Loss	0	0	0	0	0	0	0	0	0	0	0	1		
-- Chromosome 22Q Deletion	1	1	1	1	1	1	1	1	1	1	1	0		
-- Cleft Lip/Palate	2	2	2	2	2	2	2	2	2	2	3	3		
-- Congenital Anomaly	0	2	2	1	1	1	1	1	0	0	0	0		
-- Congenital Hand Deformity	0	0	0	0	0	0	1	1	0	0	0	0		
-- Craniosynostosis	0	0	0	0	0	0	0	0	1	1	0	1		
-- Cyclic Neutropenia	0	1	1	1	1	1	1	1	1	1	1	1		
-- Down Syndrome	1	1	1	2	2	1	1	1	2	0	2	3		
-- Femoral Anteversion	0	0	0	0	0	0	0	0	0	0	1	1		
-- Gastroesophageal reflux disease (GERD)	0	1	1	0	0	0	0	0	0	0	0	0		
-- Hearing Impairment	0	0	0	1	1	1	0	0	0	1	0	0		
-- Hearing/Vision Loss	0	0	0	0	0	0	0	0	0	0	1	0		
-- Hydrocephalus	2	2	2	3	3	3	4	4	1	2	1	3		
-- Hydronephrosis	0	0	0	0	0	0	0	0	0	3	1	0		
-- Hypotonia -- Severe	1	1	1	1	1	1	0	0	0	0	0	0		
-- Juvenile Rheumatoid	0	0	0	0	0	0	0	0	0	0	1	1		
-- Laryngomalacia	1	1	1	1	1	1	1	1	0	1	1	1		
-- Left Side Weakness	0	0	0	0	0	0	0	0	0	0	1	0		
-- Leg Abnormality	0	0	0	0	0	0	0	0	0	1	1	1		
-- Metabolic Disorder	0	1	1	1	1	1	1	1	0	0	0	0		
-- Microcephaly	0	0	0	0	0	0	0	0	0	3	1	1		
-- Microtia Atresia	1	1	1	1	1	0	1	1	1	1	1	0		
-- Musculoskeletal Anomaly	1	1	1	1	1	1	1	1	0	0	0	0		
-- Nasal Encephalocele	1	1	1	1	1	1	1	1	0	1	0	0		
-- Neurofibromatosis Type 1	2	2	2	2	2	2	2	2	1	2	2	1		
-- Pierre Robin with Cleft Palate	0	0	0	0	0	0	0	0	1	0	0	0		
-- Prematurity	8	7	7	8	14	15	19	19	7	19	13	14		
-- Prematurity (Micro)	6	4	4	7	4	9	6	6	2	2	3	6		
-- Radial Nerve Palsy	0	0	0	0	0	0	1	1	0	0	0	0		
-- Spina Bifida	1	1	1	1	1	1	1	1	0	1	0	0		
-- Tay Sachs Disease	1	1	1	0	0	0	0	0	0	0	0	0		
-- Temporal & Frontal Subdural Hematomas	0	0	0	1	0	0	0	0	0	0	0	0		
-- Torticollis	6	5	5	7	8	8	9	9	0	5	5	5		

Children with Special Care Needs Division														
Statistical Highlights 2013														
													2013	2012
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
-- Transposition	1	0	0	0	0	0	0	0	0	0	0	0		
-- Type 1 Diabetes	0	1	1	1	1	1	1	0	0	1	1	1		
-- Ventriculomegaly	1	1	1	1	0	1	1	1	0	0	0	0		
-- Vocal Cord Paralysis	0	0	0	0	0	0	1	1	0	0	0	0		
-- Scaphocephaly	0	0	0	0	0	0	1	1	0	0	0	0		
Early Intervention Program (continued)														
Children Discharged from Early Intervention	21	10	23	9	24	25	15	32	53	21	17	21	271	235
-- To CPSE	10	1	1	0	0	12	4	6	37	1	1	4	77	86
-- Aged out	0	0	0	0	3	0	0	2	0	1	0	0	6	7
-- Declined	1	1	2	2	2	2	1	6	2	0	3	0	22	16
-- Skilled out	6	3	4	1	4	0	5	4	8	6	3	4	48	53
-- Moved	2	1	0	1	4	4	1	3	3	2	1	4	26	17
-- Not Eligible	2	4	15	4	11	7	3	10	3	11	9	8	87	55
-- Other	0	0	1	1	0	0	1	1	0	0	0	1	5	3
Child Find														
Total # of Referrals	2	2	2	6	9	1	1	2	2	4	1	1	33	29
Total # of Children in Child Find	27	26	28	21	30	26	26	28	27	29	30	30		
Initial Consents Sent	0	8	1	4	3	0	0	0	9	2	0	3	30	
Initial Consents Resent	0	0	0	1	0	0	0	0	0	0	0	0	1	
Consents Returned	0	4	1	0	2	2	2	0	0	0	2	3	16	
ASQs Sent	8	13	7	9	9	2	2	0	14	9	4	6	83	
ASQs Returned	0	5	12	5	4	2	2	0	5	10	6	3	54	
MD Letters sent with ASQ Results	8	4	0	0	3	2	2	0	5	0	0	1	25	
Total # Transferred to Early Intervention	0	0	1	2	0	1	1	0	0	1	0	0	6	7
Total # of Discharges	0	0	1	12	4	5	5	0	3	2	5	3	40	21
Preschool Special Education														
Total # of clients qualified and receiving svcs	241	252	267	284	284	283	154	160	191	196	203	216		
Children per School District														
-- Ithaca	132	139	142	148	143	142	86	85	87	88	87	99		
-- Dryden	37	37	43	47	55	58	32	34	37	37	40	38		
-- Lansing	21	24	25	27	27	25	7	9	25	26	26	26		
-- Newfield	29	29	33	34	32	30	16	16	23	24	27	27		
-- Groton	11	12	14	16	15	15	7	7	8	10	11	13		
-- Trumansburg	11	11	10	11	11	12	6	7	10	10	11	12		
-- Spencer VanEtten	0	0	0	0	0	0	0	1	0	0	0	0		
-- Newark Valley	0	0	0	0	0	0	0	0	0	0	0	0		
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0	0	0		
-- Candor	0	0	0	1	1	1	0	1	1	1	1	1		
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0		
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0		
Breakdown of services received														
-- Speech Therapy (individual)	131	136	146	161	163	157	52	55	100	104	103	112		
-- Speech Therapy (group)	7	12	12	12	9	7	2	2	6	7	19	9		
-- Occupational Therapy (individual)	34	38	41	48	50	50	25	26	37	38	36	38		

Children with Special Care Needs Division														
Statistical Highlights 2013														
													2013	2012
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
-- Occupational Therapy (group)	3	3	2	1	2	2	0	0	1	1	1	1		
-- Physical Therapy (individual)	21	22	24	26	25	24	5	5	21	22	21	23		
-- Physical Therapy (group)	0	1	1	1	1	1	1	1	0	0	0	0		
-- Transportation														
-- Birnie Bus	32	35	36	35	35	38	34	36	32	35	37	35		
-- Ithaca City School District	29	34	34	33	33	30	35	36	25	26	27	26		
-- Parent	1	1	1	2	2	2	0	2	0	0	0	0		
Preschool Special Education (continued)														
-- Birnie Bus/Parent	0	0	0	0	0	0	1	0	0	0	0	0		
-- Service Coordination	16	17	20	19	18	16	3	3	5	6	6	8		
-- Counseling	35	38	44	51	48	50	27	27	33	37	34	38		
-- 1:1 (Tuition Program) Aide	0	4	5	6	6	5	0	6	0	0	3	3		
-- Special Education Itinerate Teacher	25	29	32	36	36	36	25	25	22	25	24	25		
-- Parent Counseling	8	7	8	11	10	10	3	3	9	9	9	14		
-- Program Aide	0	0	0	0	0	1	2	0	0	0	0	1		
-- Teaching Assistant	7	7	7	7	7	8	6	6	4	4	5	4		
-- Psychological Services	0	0	0	0	0	0	0	0	0	0	0	0		
-- ASL Interpreter	0	0	0	0	0	0	0	0	0	0	0	0		
-- Audiological Services	0	0	0	0	0	2	0	0	0	0	0	0		
-- Teacher of the Deaf	0	0	0	0	0	0	0	0	0	0	0	0		
-- Auditory Verbal Therapy	0	0	0	0	0	0	0	0	0	0	0	0		
-- Teacher of the Visually Impaired	0	1	1	1	1	1	0	0	0	0	0	0		
-- Nutrition	3	3	3	3	3	3	0	3	4	4	4	4		
-- Assistive Technology Services	1	1	0	0	0	0	0	0	0	0	0	0		
Total # of children rcvg. home based related svcs.	169	177	191	210	208	209	84	86	133	135	135	146		
Total # attending Special Ed Integrated Tuition Progr.	72	75	76	74	76	74	70	74	58	61	68	70		
-- # attending Franziska Racker Centers	44	46	47	45	48	46	41	44	33	38	41	41		
-- # attending Ithaca City School District	28	29	29	29	28	28	29	30	25	23	27	29		
Children from each school district														
(attending tuition based programs)														
-- Ithaca	37	38	38	38	36	35	36	35	25	26	30	32		
-- Dryden	12	11	12	10	13	13	12	14	9	10	13	12		
-- Lansing	3	4	4	3	3	3	2	3	5	5	4	4		
-- Groton	5	6	6	6	6	6	5	5	2	2	2	3		
-- Newfield	12	13	13	13	14	13	12	12	12	13	14	14		
-- Trumansburg	3	3	3	4	4	4	3	4	5	5	5	5		
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0	0	0		
-- Spencer VanEtten	0	0	0	0	0	0	0	1	0	0	0	0		
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0		
Municipal Representation														
Committee on Preschool Special Education														
-- Ithaca	30	23	28	28	32	26	0	15	6	20	19	10	237	
-- Dryden	13	8	4	14	20	11	0	3	3	4	0	1	81	
-- Groton	0	0	0	0	5	0	0	0	0	2	2	2	11	
-- Lansing	1	1	2	1	8	12	0	2	0	0	0	0	27	

Children with Special Care Needs Division														
Statistical Highlights 2013														
													2013	2012
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
-- Newfield	1	4	1	16	13	2	0	0	0	0	6	0	43	
--Trumansburg	0	0	1	1	2	0	0	0	0	3	0	2	9	

ENVIRONMENTAL HEALTH DIVISION

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ENVIRONMENTAL HEALTH HIGHLIGHTS

November 2013

Outreach and Division News

HNP Proposal: The proposal for the Healthy Neighborhoods Program (HNP) was successfully submitted to NYSDOH prior to the December 16 deadline. The detailed proposal required a tremendous effort from the HNP staff – Eric Shearer, Pat Jebbett, and Sarah Caputi, plus Senior Sanitarians Skip Parr and Steven Kern. Kudos to the HNP team for such dedication and hard work on preparing an excellent proposal!

EH/ITS Permit Management Software Project: Redmark Technologies completed the basic configuration of the in-house user interface for the Accela Automation software. Adriel Shea, Brenda Coyle, Greg Potter, and Liz Cameron are now conducting an intensive review of the interface. Additional modules to be configured include the Mobile Office and Citizen Access applications. The project is scheduled to go live at the end of January.

EH hired two Project Assistants, Sara Ulacco-Bly and Caitlin Feller to assist with this project. Sara and Caitlin will be working in our office for the month of December, tackling the arduous task of digitizing the files in the six 5-drawer file cabinets for the On-Site Wastewater Treatment System (OWTS) program. They are doing a wonderful job and have already finished digitizing the historical files in the towns of Caroline and Danby.

Hydrilla: Anne Wildman gave a presentation on water quality monitoring for herbicides at the *Hydrilla Update and Volunteer Recognition Event* on the evening of November 12. James Balyzak, Hydrilla Coordinator, and Bob Johnson, the aquatic plant ecologist in charge of plant monitoring efforts, also spoke at the event.

GIS DAY: Adriel Shea conducted demonstrations on GIS use in the Health Department's OWTS permitting program during GIS day at the Tompkins County Public Library on the afternoon of November 22. Liz Cameron also attended the event.

Disinfection By-Products Meeting: Steve Maybee participated in a meeting with representatives from NYSDEC, NYSDOH, other local health departments, and public water supplies in Geneva on November 20. The meeting was organized by NYSDEC. Topics discussed were related to Disinfection By Products (DBPs) in public water supply lakes.

Training

Skip Parr completed the Supervising for Success Level 1 training series that consists of six courses offered through TC3.biz. On November 5th, Skip attended the "Problem-Solving and Decision Making" course and on November 22nd, he attended the "HR Law Compliance" course.

Anne Wildman participated in an hour-long webinar on *Implementation of Cumulative and Mixtures Risk Assessment in the EPA Office of Water – Past and Future* on November 20.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during November.

Incidents involving bats in bedrooms continued in the month of November, in spite of the cold weather. In several of these incidents the bats were not captured and rabies post exposure shots were required.

If the bats had been captured and submitted for testing, shots would have likely been avoided. Only 1-5 percent of the bats submitted to the New York Wadsworth Laboratory test positive for rabies, but in the absence of a negative test, rabies must be presumed.

Key Data Overview		
	This Month	YTD
Bites ¹	20	220
Non Bites ²	3	66
Referrals to Other Counties	1	47
Submissions to the NYS Rabies Lab	9	197
Human Post-Exposure Treatments	3	87
Unvaccinated Pets 6-Month Quarantined ³	0	3
Unvaccinated Pets Destroyed ⁴	0	0
Rabid Animals (Laboratory Confirmed)	0	8

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type								
	Bites		Animals sent to the NYS Rabies Laboratory				Rabid Animals	
	Month	YTD	By TCHD	By NYS Vet College (Cornell)	Totals		Month	YTD
					Month	YTD		
Cat	5	77	2	0	2	15	0	0
Dog	14	122	0	0	0	8	0	0
Cattle	0	1	0	0	0	1	0	0
Horse/Mule	0	0	0	0	0	1	0	0
Sheep/Goat	0	0	0	1	1	1	0	0
Other Domestic	0	2	0	0	0	1	0	0
Raccoon	0	1	0	0	0	4	0	1
Bats	0	5	3	0	3	121	0	6
Skunks	0	1	0	1	1	2	0	0
Foxes	0	3	0	0	0	6	0	1
Other Wild	1	8	0	2	2	37	0	0
Totals	20	220	5	4	9	197	0	8

Childhood Lead Program

	This Month	YTD
A: Active Cases (total referrals):	0	0
A1: # of Children w/ BLL > 19.9ug/dl	0	2
A2: # of Children w/ BLL 10-19.9ug/dl	1	5
B: Total Environmental Inspections:		

B1: Due to A1	0	10
B2: Due to A2	0	0
C: Hazards Found:		
C1: Due to B1	0	7
C2: Due to B2	0	0
D: Abatelements Completed:	0	0
E: Environmental Lead Assessment Sent:	0	6
F: Interim Controls Completed:	1	3
G: Complaints/Service Requests (w/o medical referral):	3	50
H: Samples Collected for Lab Analysis:		
- Paint	0	0
- Drinking Water	0	3
- Soil	0	4
- XRF	0	6
- Dust Wipes	0	8
- Other	0	0

Food Program

***Routine facility inspections** are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.*

The following inspections were conducted with no critical violation(s) noted:

A-1 Pizzeria, T-Dryden	Lakewatch Inn, T-Lansing
Asia Cuisine, C-Ithaca	LCSD-R.C. Buckley Elementary, T-Lansing
Ben Conger Inn, V-Groton	LCSD-Lansing High School, T-Lansing
Biz and Benny's Juice Company, C-Ithaca	LCSD-Lansing Middle School, T-Lansing
BOCES-Darwin Smith, T-Ithaca	Loaves and Fishes, C-Ithaca
Cayuga Addiction Recovery Services, T-Ulysses	Longview, T-Ithaca
Chipotle Mexican Grill #1661, C-Ithaca	Miyake, C-Ithaca
CU-104 West, C-Ithaca	Namygal Monastery, T-Ithaca
CU-Café Jennie, C-Ithaca	New Roots Charter School, Throughout Tompkins
CU-Cook House, C-Ithaca	Panera Bread Bakery Café #1381, C-Ithaca
CU-Flora Rose House, C-Ithaca	Potala Café, C-Ithaca
CU-Keeton House, C-Ithaca	Sahara, C-Ithaca
CU-Keglers Pub, C-Ithaca	Saigon Kitchen, C-Ithaca
CU-Sage Dining, C-Ithaca	Salvation Army, C-Ithaca
Elm Tree Inn, T-Groton	Samurai Japanese Restaurant, C-Ithaca
Fall Creek House, C-Ithaca	Saratoga Room, T-Lansing
Friends & Pho, V-Lansing	Shortstop Deli Hot Truck, C-Ithaca
Futai Buffet, C-Ithaca	Simply Red Bistro, T-Ithaca
Groton Corona Club, V-Groton	Sterling House of Ithaca, T-Ithaca
ICSD-Art's Café Lehman School, C-Ithaca	Sushi O Sake Japanese Restaurant, C-Ithaca
ICSD-Caroline Elementary, T-Caroline	TC Action at Casey Center, V-Dryden
ICSD-Northeast Elementary, T-Ithaca	TC Action at TC3 Farmhouse, T-Dryden
ICSD-South Hill Elementary, T-Ithaca	Tuckers Catering, C-Ithaca
Joe's Restaurant, C-Ithaca	Wendy's #1-005, C-Ithaca
Kendra's Culinary Creations, T-Lansing	Word of Mouth Catering, V-Trumansburg
La Cocina Latina Catering, Throughout	Your Daily Soup, C-Ithaca
La Tourelle Catering, T-Ithaca	

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

None

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

Aladdins Natural Eatery, C-Ithaca

The Antlers, T-Dryden

Boatyard Grill, C-Ithaca

Bowl-O-Drome, C-Ithaca

Dryden High School, T-Dryden

Dryden Veterans Memorial Home, T-Dryden

Fat Jack's BBQ, C-Ithaca

Four Seasons Restaurant, C-Ithaca

Ithaca Bakery, V-Lansing

Mano's Diner, C-Ithaca

Trip Inn, V-Lansing

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:

Trip Hotel, V-Lansing

Accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Potentially hazardous foods were not stored under refrigeration. Product was observed on a counter for service at 58°F. Products were removed from service and discarded during the inspection.

Bowl-O-Drome, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.

Toxic chemicals were improperly stored so contamination of food could occur. Storage was rearranged during the inspection.

Ithaca Bakery, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product out for customer service was observed to be at 51°F. Product was discarded during the inspection.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products were observed in a cooler at 48-54°F and were discarded during the inspection.

Mano's Diner, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products were observed in a cooler at 50-51°F and were removed from service to be cooled to 45°F or below before use.

Aladdin's Natural Eatery, C-Ithaca

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared food. Bare hand contact with food was observed during a field visit for a complaint received by the Health Department.

The Antlers, T-Dryden

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product for service was observed in a hot holding unit at 120°F. The product was removed from service and reheated to 165°F or above before use.

Fat Jacks, C-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product for service was observed in a hot holding unit at 80-92°F. The product was removed from service and reheated to 165°F or above before use.

At the Ridge, T-Lansing

Accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding during a re-inspection. Board of Health action will be taken.

Country Club of Ithaca, T-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product for service was observed in a hot holding unit at 127°F. The product was removed from service and reheated to 165°F or above before use.

Taste of Thai Express, C-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product for service was observed in a hot holding unit at 1110-115°F. The product was discarded during the inspection.

Holiday Inn – Max's, C-Ithaca

Accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products were observed in a cooler at 50°F and 53°F and were moved to a working cooler to be chilled to 45°F or less before use.

Country Inn & Suites, T-Ithaca

Potentially hazardous foods were not stored under refrigeration. Product was observed on a counter for service at 56-57°F. Products were removed from service and chilled to 45°F or below before use.

Blue Frog Café, V-Lansing

Potentially hazardous foods are not prepared as recommended using pre-chilled ingredients and are not pre-chilled to 45°F or below before being stored on the service line. Prepared sandwiches were observed for service at 54-58°F in the display cooler. The products were removed from service to be chilled to 45°F or below before being returned to service.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products were observed in a cooler at 50°F and 53°F and were moved to a working cooler to be chilled to 45°F or less before use.

Kelly's Dockside Café, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Dryden Queen, T-Dryden

Potentially hazardous foods were not cooled by an approved method. Products were observed at 70°F in the walk-in cooler. Products had been cooked at an undetermined time and recommended cooling practices were not in use.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 27 temporary permits.

***Temporary food operation inspections** are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.*

The following inspections were conducted with no violation(s) noted:

Caroline Valley Community Church, T-Caroline
 Danby Community Park Association, T-Danby
 Gary Cremeens, T-Ulysses
 Lansing Lions Club, T-Lansing
 Trumansburg Rotary Club, V-Trumansburg

Critical Violations were found at the following establishments:

None

***Pre-Operational inspections** are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.*

The following pre-operational inspections were conducted:

None

Plans Approved:

Super 8 Motel, C-Ithaca

New Permits Issued:

Blue Frog Café, V-Lansing
 Mitsuba Sushi Hibachi Restaurant, V-Lansing

*The Food Protection Program **received and investigated three complaints** related to issues and/or problems at permitted food service establishments.*

Engineering Plans Approved

- Bricker, 330 GPD Sewage System, Lansing-T
- Carnes, 330 GPD Conversion Sewage System, Lansing-T
- Farm Pond Circle Subdivision, 440 GPD Sewage System, Lansing-T
- Lansing Markets, 800 GPD Replacement Sewage System, Lansing-T
- Pikulik, 330 GPD Sewage System, Lansing-T
- Prince, Alternative Water Source (Infiltration Gallery w/ disinfection), Ulysses-T
- Washington Heights MHP, 900 GPD Sewage System, Ulysses-T

Problem Alerts/Emergency Responses

- 13-01-14 Bell Gate Mobile Home Park, T-Enfield. Boil Water Order (BWO) issued 11/21/13 due to no detectable chlorine in the distribution system. No chlorine detected during repeat inspection on 12/12/13. Enforcement action initiated.

BWOs remain in effect at:

- 13-01-11 German Cross Roads Apartments, T-Dryden. Boil Water Order (BWO) issued 9/13/13 due to positive coliform samples. Owners working to add a well and treatment.
- 12-01-08 J-A-M Mobile Home Park, T-Lansing. BWO issued 8/16/12 due to positive total coliform results. Lost disinfection waiver. Currently under BOH orders to submit plans and install disinfection or to connect to municipal water. Municipal connection is in the process.

Healthy Neighborhoods Program

	This Month	YTD
# Home Visits	31	65
# Revisits	3	10
# Asthma Homes	2	4
# Homes Approached	31	74
Products Distributed:		
Carbon Monoxide Detectors	7	20
Smoke Detectors	8	17
Fire Extinguishers	23	54
Surge Protectors	0	0
Radon Test Kits	6	14
Batteries for SD/CO	15	32
HEPA Vacuums	0	0
Vinegar	28	59
Baking Soda	26	58
Brushes	27	56
Mops	1	1
Buckets	12	22
Baby Gates	0	0
Safety Latches	2	4
Door Knob	10	20
Stove Knobs	4	12
Pest Control Products	2	2
Nightlights	22	38
No-Slip Bathtub Strips	22	50
Pillow Case	8	12
Flashlights	23	49

We received the following letter of appreciation from one of our Healthy Neighborhood participants:

We would like to express our gratitude and support for the Healthy Neighborhoods Program. With twins on the way, there is much to think of, especially in regards to the babies, that it is easy to miss those very important household safety essentials. This program provided us with safety items and information that has empowered us over our family's safety. We are so grateful to this program for helping us to start off as better parents. We hope this program will continue to help other families like ours have a safe and educated start.

Mobile Home Parks

During the 2012-2013 permit period, 40 mobile home parks were in operation in Tompkins County with a total of 2004 permitted sites. Of these 40 mobile home parks, 27 were inspected, while 13 park inspections were waived for a year based on a prior history of acceptable compliance. There are 26 mobile home parks that operate their own public water systems and Health Department staff conducted sanitary surveys at all but one of these systems, which is pending connection to public water. Permits for all 40 mobile home parks were renewed for one year effective November 1, 2013. The total number of permitted sites decreased from 2011 sites with B&B #1 Mobile Home in Dryden being deactivated as a permitted park due to a reduction in the number of sites to below 5. Pleasantview and Cloverland are now under new ownership and Country Acres is anticipated to be under new ownership by the end of 2013.

Status of Enforcement Actions***Office Conference Held:***

Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; signed Stipulation Agreement with PHD Orders on 10/30/2013; to BOH 12/10/2013.

PDR's Catering, C-Ithaca, Penny Kinsman, owner: repeat food service violations; signed Stipulation Agreement with PHD Orders 10/23/2013; to BOH 12/10/2013.

Stella's, C-Ithaca, Matthew Garner, owner: repeat food service violations, signed Stipulation Agreement with PHD Orders on 10/30/2013; to BOH 12/10/2013.

Triphammer Mobil, V-Lansing; Carman Evenson, manager: Adolescent Tobacco Use Prevention Act (ATUPA) violation; signed Stipulation Agreement with PHD Orders on 11/13/2013; to BOH 12/10/2013.

Kwik Fill A0033, C-Ithaca; David Naish, manager: ATUPA violation; signed Stipulation Agreement with PHD Orders on 11/13/2013; to BOH 12/10/2013.

Spruce Row Campground, T-Enfield, Scott Sherwood, owner: water system violations; signed Stipulation Agreement with PHD Orders on 11/20/2013; to BOH 12/10/2013.

Office Conferences Scheduled:

WalMart, C-Ithaca, Dave Jacobson, manager: ATUPA violation; 12/5/2013.

At The Ridge, T-Lansing, Sherri Hildreth, owner: FSE violation; 12/4/2013.

Compliance Schedules/Board of Health Orders/PH Director's Orders:

- Village of Dryden, PWS: water system violations; signed a Compliance Schedule with PHD Orders on 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; further BOH action scheduled for 12/10/2013; **awaiting compliance; penalty sent to collection (see below).**
- JAM MHP, T-Lansing, Jack and Mary Burns, owners: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **payment received; awaiting compliance.**

Referred to Collection:

- CC's, C-Ithaca, Jian Wang
- P&Y Convenience, T-Lansing, Min Gyu Park
- William Crispell, T-Caroline – two penalties
- 1795 Mecklenburg Road, T-Enfield, V. Bruno
- Beaconview MHP, T-Dryden, Rudy George

ENVIRONMENTAL HEALTH DIVISION
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ENVIRONMENTAL HEALTH HIGHLIGHTS

December 2013

Outreach and Division News

EH/ITS Permit Management Software Project: The Project Assistants, Sara Ulacco-Bly and Caitlin Feller, who tackled the arduous task of digitizing the files in the six 5-drawer file cabinets for the On-Site Wastewater Treatment System (OWTS) program did a great job in December. So good, in fact, that we found the funds to continue their work through January. Sara moved on to another position in the County, but Caitlin is staying with us. Salis Hollis will be joining her. We are optimistic that the two of them will be able to complete the digitizing of all our OWTS permit files by the end of January.

Adriel Shea, Brenda Coyle, Greg Potter, Katy Prince and Liz Cameron are continuing the intensive review of the Accela software configuration. The same staff also received Administrator Training – how to make changes and configure the system – on December 18, 19, and 30. Due to the time needed to resolve some IT and configuration issues, the project schedule continues to face small delays. Staff user training on the system is now expected to take place in mid-February.

Transition Planning: Sr. Sanitarian Audrey Balandier will be retiring at the end of January. Sarah Caputi, Cindy Schulte, Anne Wildman, Skip Parr and Liz Cameron are on the selection committee that will be developing the process and selecting the person to fill the vacancy that Audrey's departure creates.

Ithaca College Students: Audrey Balandier and Clayton Maybee gave a rabies presentation to an Environmental Health and Medicine class at Ithaca College on October 10 and December 5, 2013. The students worked on educational brochures, posters, and media releases the Department could use to educate the public on rabies issues and rabies clinics.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during December. However, rabies continues to appear in wildlife animals throughout New York State.

Not only is it State Law, but it is prudent to keep cats, dogs, and ferrets vaccinated against rabies. This is even important for pets that reside inside. Rabid land animals such as raccoons may break into a home causing an exposure. Most of the 124 bats collected in Tompkins County and submitted to the New York Wadsworth Laboratory during 2013 were collected inside a home.

Key Data Overview		
	This Month	YTD
Bites ¹	14	234
Non Bites ²	0	66
Referrals to Other Counties	0	47
Submissions to the NYS Rabies Lab	6	203
Human Post-Exposure Treatments	1	88
Unvaccinated Pets 6-Month Quarantined ³	0	3
Unvaccinated Pets Destroyed ⁴	0	0
Rabid Animals (Laboratory Confirmed)	0	8

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type								
	Bites		Animals sent to the NYS Rabies Laboratory				Rabid Animals	
	Month	YTD	By TCHD	By NYS Vet College	Totals		Month	YTD
					Month	YTD		
Cat	3	80	1	0	1	15	0	0
Dog	11	133	0	0	0	8	0	0
Cattle	0	1	0	0	0	1	0	0
Horse/Mule	0	0	0	0	0	1	0	0
Sheep/Goat	0	0	0	0	0	1	0	0
Other Domestic	0	2	0	0	0	1	0	0
Raccoon	0	1	0	0	0	4	0	1
Bats	0	5	3	0	3	124	0	6
Skunks	0	1	0	0	0	2	0	0
Foxes	0	3	0	0	0	6	0	1
Other Wild	0	8	0	2	2	37	0	0
Totals	14	220	4	2	6	203	0	8

Childhood Lead Program

	This Month	YTD
A: Active Cases (total referrals):	0	0
A1: # of Children w/ BLL>19.9ug/dl	0	2
A2: # of Children w/ BLL 10-19.9ug/dl	0	5
B: Total Environmental Inspections:		
B1: Due to A1	1	11
B2: Due to A2	0	0
C: Hazards Found:		
C1: Due to B1	1	8
C2: Due to B2	0	0
D: Abatelements Completed:	0	0
E: Environmental Lead Assessment Sent:	1	7
F: Interim Controls Completed:	0	3
G: Complaints/Service Requests (w/o medical referral):	2	52
H: Samples Collected for Lab Analysis:		
- Paint	0	0
- Drinking Water	0	3
- Soil	0	4
- XRF	1	7
- Dust Wipes	1	9
- Other	0	0

Food Program

Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.

The following inspections were conducted with no critical violation(s) noted:

2 nd Floor, C-Ithaca	Loyal Order of Moose Lodge #666
Applebee's Bar & Grill, V-Lansing	Mate Factor, C-Ithaca
Carriage House Café, C-Ithaca	Mitsuba Hibachi, Sushi Restaurant, V-Lansing
Cayuga Lake Cruises, C-Ithaca	New Delhi Diamonds, C-Ithaca
Celebrations Banquet Facility, T-Caroline	Oishii Bowl, C-Ithaca
Ciao!-V-Lansing	Osakaya, V-Groton
CCE of Tompkins County, C-Ithaca	Plum Tree Restaurant, C-Ithaca
CU-School of Hotel Administration, C-Ithaca	Ron Don's Village Pub, V-Trumansburg
Dorothy's Music Room, V-Trumansburg	Sangam Restaurant, C-Ithaca
Dunbar's, C-Ithaca	Silky Jones, C-Ithaca
The Gates, C-Ithaca	Simeons on the Commons, C-Ithaca
Heights Café, V-Cayuga Heights	Sri Lankan Curry in a Hurry, C-Ithaca
John Joseph Inn & Elizabeth Restaurant, T-Lansing	Toads Diner, V-Freeville
KoKo, C-Ithaca	TC3 Athletics Facility, T-Dryden
Kuma's, T-Enfield	Vietnam/Hai-Hong, C-Ithaca
Linda's Corner Diner, T-Lansing	Viva Taqueria Cantina, C-Ithaca
Ling Ling Garden, T-Ithaca	Waffle Frolic, C-Ithaca
Little Ceasars Pizza, C-Ithaca	ZaZa's Cucina, C-Ithaca
Little Thai House, C-Ithaca	

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

None

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

AGAVA, T-Ithaca
 Blue Frog Café, V-Lansing
 Country Club of Ithaca, T-Ithaca
 Country Inn and Suites, T-Ithaca
 Dryden Queen Diner, V-Dryden
 Holiday Inn/Max's, C-Ithaca
 Kelly's Dockside, C-Ithaca
 Simply Red Bistro/La Tourelle, T-Ithaca
 State Diner, C-Ithaca
 Stella's Restaurant, C-Ithaca
 Taste of Thai Express, C-Ithaca

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:**Rogue's Harbor Steak & Ale, T-Lansing**

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products were observed in a cooler at 62°F and were discarded during the inspection.

AGAVA, T-Ithaca

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared food. Bare hand contact with prepared foods was observed in the bar area. The products were discarded during the inspection.

State Diner, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Product was observed on a shelf over the grill at 58-68°F. Products were removed from service and discarded during the inspection.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 3 temporary permits.

Temporary food operation inspections are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

The following inspections were conducted with no violation(s) noted:

Cru Cornell, C-Ithaca
Ithaca Waldorf School, T-Danby
Lansing High School Class of 2015, T-Lansing
Newfield Lioness, T-Newfield
Trumansburg Lions, V-Trumansburg

Critical Violations were found at the following establishments:

None

Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

The following pre-operational inspections were conducted:

Argos Inn, C-Ithaca
Little Caesar's Pizza, C-Ithaca
Domino's Pizza, C-Ithaca

Plans Approved:

Argos Inn, C-Ithaca
Domino's Pizza, C-Ithaca

New Permits Issued:

Dominos Pizza, C-Ithaca
Miyake Restaurant, C-Ithaca
Plum Tree Restaurant, C-Ithaca

The Food Protection Program received and investigated four complaints related to issues and/or problems at permitted food service establishments.

Engineering Plans Approved

- Brown, 390 GPD Sewage System, Groton-T
- Beech Hill Pond Community, Two Alternative Grey Water Sewage Systems, Danby-T

- Goldberg, 75 GPD Gray Water Alternative Sewage System, Caroline

Problem Alerts/Emergency Responses

- 13-01-15 Little Creek Mobile Home Park, T-Dryden. Boil Water Order (BWO) issued 12/27/13 due to loss of water pressure and disinfection problems in the distribution system. Repairs were made and satisfactory sample results obtained. BWO lifted on 1/3/14.

BWOs remain in effect at:

- 13-01-14 Bell Gate Mobile Home Park, T-Enfield. Boil Water Order (BWO) issued 11/21/13 due to no detectable chlorine in the distribution system. No chlorine detected during repeat inspection on 12/12/13. Enforcement action initiated.
- 13-01-11 German Cross Roads Apartments, T-Dryden. Boil Water Order (BWO) issued 9/13/13 due to positive coliform samples. Owners working to add a well and treatment.
- 13-01-08 Dryden Lake Golf Course, T-Dryden. BWO issued 8/31/13 due to positive coliform sample result. Repeat samples taken. Permanent disinfection will be installed.
- 12-01-08 J-A-M Mobile Home Park, T-Lansing. BWO issued 8/16/12 due to positive total coliform results. Lost disinfection waiver. Currently under BOH orders to submit plans and install disinfection or to connect to municipal water.

Healthy Neighborhoods Program

	This Month	YTD
# Home Visits	30	95
# Revisits	6	16
# Asthma Homes	3	7
# Homes Approached	30	104
Products Distributed:		
Carbon Monoxide Detectors	12	32
Smoke Detectors	19	36
Fire Extinguishers	25	79
Surge Protectors	0	0
Radon Test Kits	4	18
Batteries for SD/CO	43	75
HEPA Vacuums	0	0
Vinegar	28	87
Baking Soda	28	86
Brushes	28	84
Mops	0	1
Buckets	8	30
Baby Gates	0	0
Safety Latches	3	7
Door Knob	15	35
Stove Knobs	9	21
Pest Control Products	0	2
Nightlights	13	51
No-Slip Bathtub Strips	27	77
Pillow Case	12	24
Flashlights	25	74

On December 20, the Healthy Neighborhoods Program received a letter of appreciation from a program participant. He called the visit an "eye-opening" experience and stated that he learned many important lessons about home safety.

On December 5, 2014, Pat Jebbett discussed the Healthy Neighborhoods Program with the Newfield Food Pantry coordinator, Marge Strosnider. She will provide information to the food pantry recipients and offered an opportunity for HNP to do outreach at the pantry in 2014.

On December 11, 2014, Pat Jebbett spoke with Jeanne Freese-Popowitch, from Cooperative Extension, about the Healthy Neighborhoods Program. Jeanne took some HNP information which she will provide to her clients.

Status of Enforcement Actions

Office Conference Scheduled:

Keith Lane Apts, T-Dryden, Dale Colongeli, owner: no 2013 nitrate sample; 1/28/14.

Massey Apts, T-Enfield, Orson Ledger, owner: no 2013 nitrate sample; 1/28/2014.

Mountainview Manor MHP, T-Caroline, Orson Ledger, owner: no 2013 disinfection by-product (DBP) sample; 1/28/2014.

Stork H & E Tirbo Blading, T-Danby, John Berry, President and CEO: no 2014 DBP sample; 1/29/2014.

German Cross Road Apts, T-Dryden, Matthew Wyllie, owner: water and sewage violations; 1/23/2014.

Office Conferences Held:

WalMart, C-Ithaca, Dave Jacobson, manager: ATUPA violation; signed Stipulation Agreement with PHD Orders on 12/5/2013; to BOH 1/28/2014.

At The Ridge, T-Lansing, Sherri Hildreth, owner: FSE violation; signed Stipulation Agreement with PHD Orders on 12/4/2013; to BOH 1/28/2014.

Argos Inn, C-Ithaca, Avi Smith, owner: operating without a Temporary Residence permit; signed Stipulation Agreement with PHD Orders on 12/30/2013; to BOH 1/28/2014.

Compliance Schedules/Board of Health Orders/PH Director's Orders:

- Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; signed Stipulation Agreement with PHD Orders on 10/30/2013; BOH issued Orders for compliance on 12/10/2013; **awaiting compliance.**
- PDR's Catering, C-Ithaca, Penny Kinsman, owner: repeat food service violations; signed Stipulation Agreement with PHD Orders 10/23/2013; BOH assessed \$400 penalty on 12/10/2013; **awaiting payment.**
- Stella's, C-Ithaca, Matthew Garner, owner: repeat food service violations, signed Stipulation Agreement with PHD Orders on 10/30/2013; BOH assessed \$400 penalty on 12/10/2013; **awaiting payment.**
- Triphammer Mobil, V-Lansing; Carman Evenson, manager: Adolescent Tobacco Use Prevention Act (ATUPA) violation; signed Stipulation Agreement with PHD Orders on 11/13/2013; BOH assessed \$400 penalty on 12/10/2013; **awaiting payment.**
- Kwik Fill A0033, C-Ithaca; David Naish, manager: ATUPA violation; signed Stipulation Agreement with PHD Orders on 11/13/2013; BOH assessed \$400 penalty on 12/10/2013; **payment received, case closed.**
- Spruce Row Campground, T-Enfield, Scott Sherwood, owner: water system violations; signed Stipulation Agreement with PHD Orders on 11/20/2013; BOH assessed \$400 penalty on 12/10/2013; **awaiting payment.**
- Village of Dryden, PWS: water system violations; signed a Compliance Schedule with PHD Orders on 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Beaconview MHP, T-Dryden; Rudy George, owner: Violation of BOH Orders regarding water system violations (see below); BOH assessed \$800 penalty on 12/10/13; **awaiting compliance and payment.**
- Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, signed Stipulation Agreement

with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; further BOH action scheduled for 12/10/2013; **awaiting compliance; penalty sent to collection (see below).**

- JAM MHP, T-Lansing, Jack and Mary Burns, owners: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **payment received; awaiting compliance.**

Referred to Collection:

- CC's, C-Ithaca, Jian Wang
- P&Y Convenience, T-Lansing, Min Gyu Park
- William Crispell, T-Caroline – two penalties
- 1795 Mecklenburg Road, T-Enfield, V. Bruno
- Beaconview MHP, T-Dryden, Rudy George

Memorandum

Date: January 16, 2014

To: Board of Health

From: Frank Kruppa
Public Health Director



Re: Executive Committee Action

On December 19th 2013, I requested the Board of Health Executive Committee review an administrative change to Resolution 13.40.27. Dr. Macmillan and Brooke Greenhouse responded in the affirmative via email and Mike McLaughlin affirmed agreement to me over the phone on December 20th, 2013. The corrected resolution is now official and the full BOH will be notified at their next meeting.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

December ~~13~~²⁰, 2013

Barry Klenowski c/o David Naish
Kwik Fill A0033
303 Elmira Rd
Ithaca, NY 14850

**Re: Tompkins County Board of Health Resolution # 13.40.27
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
Kwik Fill A0033, C - Ithaca**

Dear Barry Klenowski:

~~The Tompkins County Board of Health adopted~~Please find the enclosed corrected resolution ~~at its meeting on December 10, 2013~~for Kwik Fill A003. Please note that the enclosed resolution requires a penalty payment in the amount of \$450 plus a \$50 state mandatory surcharge for a total of \$500 due by **January, ~~17~~²⁴, 2014**.

One point was assigned to the store as a result of the violation since satisfactory training documentation was provided for the employee making the sale.

If you have any questions please contact Skip Parr or me at the Environmental Health Division at (607) 274-6688.

Thank you for your cooperation in this matter.

Sincerely,

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Final Resolution

pc: United Refining Company of Pennsylvania, Barry Klenowski, 15 Bradley Street, Warren, PA 16365; Brenda Coyle, TCHD
F:\EH\TOBACCO\ATUPA\Facilities - Violations\Kwik Fill A0033\Final Resolution 13.40.27.docx
ec: TC Legislator Pamela Mackesey; C-Ithaca Mayor; C-Ithaca CEO; Frank Kruppa, TCHD; C. Elizabeth Cameron, PE, TCHD; Steven Kern, TCHD, Eric Shearer, TCHD, Skip Parr, TCHD; Karen Johnson, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

RESOLUTION # 13.40.27 FOR

Kwik Fill A0033
Barry Klenowski
303 Elmira Rd, C-Ithaca
Ithaca, New York 14850

Whereas, the representative of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **and**

Whereas, on October 25, 2013, the Tompkins County Health Department observed the sale of a tobacco product to a minor at ~~Rite-Aid #4716~~Kwik Fill A0033; **and**

Whereas, Barry Klenowski, Representative, signed a Stipulation Agreement with Public Health Director's Orders on November 11, 2013, agreeing that Kwik Fill A0033 violated Article 13-F, Section 1399-cc of the NYSPHL; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Barry Klenowski, Representative, is ordered to:**

1. Pay a penalty of \$450 plus a \$50 state mandatory surcharge for this violation, **due by January, ~~1724~~, 2014**; **and**
2. Prohibit the sale of tobacco products to minors.

This action was adopted by the Tompkins County Board of Health at its meeting on December 10, 2013.

Frank Kruppa
Public Health Director

Date

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

December 20, 2013

Barry Klenowski c/o David Naish
Kwik Fill A0033
303 Elmira Rd
Ithaca, NY 14850

**Re: Tompkins County Board of Health Resolution # 13.40.27
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
Kwik Fill A0033, C - Ithaca**

Dear Barry Klenowski:

Please find the enclosed corrected resolution for Kwik Fill A003. Please note that the enclosed resolution requires a penalty payment in the amount of \$450 plus a \$50 state mandatory surcharge for a total of \$500 due by **January, 24, 2014**.

One point was assigned to the store as a result of the violation since satisfactory training documentation was provided for the employee making the sale.

If you have any questions please contact me at the Environmental Health Division at (607) 274-6688.

Thank you for your cooperation in this matter.

Sincerely,



Skip Parr
Senior Public Health Sanitarian

Enclosure(s) – Final Resolution

pc: United Refining Company of Pennsylvania, Barry Klenowski, 15 Bradley Street, Warren, PA 16365; Brenda Coyle, TCHD
F:\EH\TOBACCO\ATUPA\Facilities - Violations\Kwik Fill A0033\Final Resolution 13.40.27.docx
ec: TC Legislator Pamela Mackesey; C-Ithaca Mayor; C-Ithaca CEO; Frank Kruppa, TCHD; C. Elizabeth Cameron, PE,
TCHD; Steven Kern, TCHD; Eric Shearer, TCHD; Skip Parr, TCHD; Karen Johnson, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

RESOLUTION # 13.40.27 FOR

Kwik Fill A0033
Barry Klenowski
303 Elmira Rd, C-Ithaca
Ithaca, New York 14850

Whereas, the representative of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **and**

Whereas, on October 25, 2013, the Tompkins County Health Department observed the sale of a tobacco product to a minor at Kwik Fill A0033; **and**

Whereas, Barry Klenowski, Representative, signed a Stipulation Agreement with Public Health Director's Orders on November 11, 2013, agreeing that Kwik Fill A0033 violated Article 13-F, Section 1399-cc of the NYSPHL; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Barry Klenowski, Representative, is ordered to:**

1. Pay a penalty of \$450 plus a \$50 state mandatory surcharge for this violation, **due by January, 24, 2014; and**
2. Prohibit the sale of tobacco products to minors.

This action was adopted by the Tompkins County Board of Health at its meeting on December 10, 2013.



Frank Kruppa
Public Health Director



Date

**Division for Community Health
AGENDA**

**Tompkins County Board of Health
January 28, 2014**

Approval for policy revisions (attached): Meningococcal Vaccine Policy

Policy updated to include Advisory Committee on Immunization Practices (ACIP) recommendations for high-risk children aged two months to 10 years of age effective October 2013. Community Health Service nurses routinely vaccinate children 11 to 18 years of age and use vaccine from the federal Vaccine For Children (VFC) program for eligible families. High-risk children are referred to their primary medical home.

Resource information regarding meningococcal disease, vaccination information sheet and vaccines for use by young adults is listed below.

- NYSDOH Communicable Disease Factsheets: Meningococcal Disease - http://www.health.ny.gov/diseases/communicable/meningococcal/fact_sheet.htm
- CDC Vaccine Information Sheet - <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>
- Vaccines for College Students and Young Adults (19 to 26 years old) <http://www.cdc.gov/vaccines/adults/rec-vac/college.html>

Meningococcal -Vaccine Policy

A. Eligibility

1. Meningococcal -vaccine is supplied to the local Health Department through the NYS Vaccine For Children (VFC) Program for age eligible children for protection against bacterial meningococcal disease.

- Children aged 2 months through 10 years who are at increased risk for meningococcal disease, including
 - Children who have complement deficiencies (i.e. C5-C9, properdin, factor H or factor D);
 - Travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic;
 - Children who are part of an outbreak of a vaccine-preventable serogroup;
 - Children who have anatomic or functional asplenia.

• All children aged 11 through 18 years.

2. Three vaccine products are available through VFC, Menactra (ages 2 years to 19th birthday), and Menveo (ages 2 months to 19th birthday) and MenHibrix. Menactra and Menveo -Both vaccine products prevent invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, Y and W-135. Generic description of Menactra and Menveo both vaccine types is Meningococcal conjugate vaccine (MCV4). MenHibrix prevents serogroups C and Y meningococcal disease and invasive Hib disease. See attached Advisory Committee on Immunization Practices (ACIP) VFC Resolution No. 10/13 for recommended vaccination schedule and intervals for each of these three vaccine products.

2. TCHD plans to only offer Menactra and Menveo vaccines as they protect against four serogroups. MenHibrix is only appropriate for children at high-risk.

3. Menomune vaccine, another bacterial meningococcal vaccine, is not supplied via VFC and is not available for administration at Health Department clinics. Menomune is indicated for adults 18 years and older and those requesting this vaccine are referred to their primary provider. Generic description is Meningococcal polysaccharide vaccine (MPSV4).

B. Indications & Vaccine Recommendations

1. See page 2 of attached ACIP VFC Resolution No. 10/13/

1. Menactra: For children 2 years to 10 years who are at increased risk of developing meningococcal disease, such as those who have had their spleen removed or whose spleen is not functioning; those with a medical condition called terminal complement component deficiency which makes it difficult to fight infection; and those who expect to travel outside of the

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~~United States where the disease is common. Menactra may be given to children with such conditions listed above.~~

~~2. — **Menactra:** Though the American Academy of Pediatrics supports routine Menactra vaccination of children 2 years and older, the Advisory Committee on Immunization Practices (ACIP) has not yet adopted this recommendation. Consult with the child's primary physician or TCHD Medical Director for a patient specific order to routinely administer to children ages 2 years to 10 years.~~

~~3. — **Menactra & Menveo:** Routine vaccination of children 11-12 years with a booster dose at age 16 years.~~

C. Vaccine components

1. Menactra

- a. ~~Each 0.5 cc dose is formulated in sodium phosphate buffered isotonic sodium chloride solution to contain meningococcal A, C, Y, and W-135 polysaccharides conjugated to diphtheria toxoid protein carrier.~~

2. Menveo

- a. ~~Each 0.5 cc dose contain meningococcal A, C, Y and W-135. No preservative or adjuvant used. The vials synthetic rubber stoppers do not contain latex.~~

D. Vaccine Recommendation

- ~~1. Same as A.1-2.~~

E.C. Contraindications

1. Known hypersensitivity to any component of meningococcal -vaccine including diphtheria toxoid, or a life-threatening reaction after previous administration of a vaccine containing similar components.
2. Menactra: Known hypersensitivity to dry natural rubber latex.
3. Menactra & Menveo: Any bleeding disorder, or persons receiving anticoagulant therapy. Persons with these conditions will be referred to their primary provider.

F.D. Warnings

1. **Stopper of the Menactra vial contains dry natural rubber latex, which may cause allergic reactions in latex-sensitive individuals.**

EG. Side effects

1. Local pain, redness, and swelling at the injection site.
2. Headache, fatigue, malaise, diarrhea, anorexia, vomiting, or rash.
3. Fever > 40.0°C (104° F) orally in less than <0.5% vaccine recipients.

HF. Immunization Schedule

1. Refer to chart on page 2, ACIP VFC Resolution No. 10/13 for high-risk children 2 months to 10 years. One dose given between the ages of 2 years to 19 years.

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2. Ages 11 years through 18 years:

Routine:

a) 1st dose Routine vaccination at age 11-12 years preferably or when desired up through age 18 years.

b) Booster dose at age 16 years

1) No booster given if first dose was on or after age 16.

2) Minimum interval between doses is 8 weeks. with a booster dose at age 16 years.

3. Persons who receive their first dose at or after age 16 years do not need a booster dose.

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GI. Vaccine Administration

1. Registered Professional Nurses (RNs) on staff with the Tompkins County Health Department or RNs under TCHD supervision may administer the vaccine.
2. **Meningococcal vaccines** -can be given simultaneously with other vaccines.
3. **Meningococcal vaccines** -must not be mixed with any vaccine in the same syringe. Separate injection sites and different syringes should be used for simultaneous immunizations.
4. **Administer 0.5 cc intramuscularly in anterolateral aspect of thigh for infants/toddlers and in deltoid for older children.**

J. Medical Order

1. Meningococcal vaccines are on the approved list of immunizing agents for standing orders by the Board of Regents. A patient specific medical order is not required to administer except for children 2 years to 10 years (see B2).

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K. Storage and Handling

1. Store refrigerated between 35 and 46 degrees Fahrenheit.
2. Do not freeze.

L. Cost

1. Vaccine is free to VFC eligible clients. An agency VFC vaccine administrative fee does apply and will be collected at the time of service.

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|

Date

William Klepack, MD
TCHD Medical Director

| Written 3/05 KMB Revised 10/07, 11/29/07 kmb, 01/21/09 kb, 11/30/10kb, [12/5/13kb](#)
BOH approved: 6/14/2005, 12/11/07, 3/10/09, 3/8/2011, [pending 1/28/14](#)

| [Attachment: ACIP VFC Resolution No. 10/13](#)

F: Prev/policies/Meningococcal
Policy located in CHS Policy Manual in Vaccine Storage Room.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED, REGULAR AND ELECTRONIC MAIL

December 20, 2013

Scott Sherwood
Spruce Row, Inc.
2271 Kraft Road
Ithaca, NY 14850

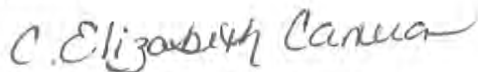
**Re: Tompkins County Board of Health Draft Resolution # 13.15.26
Spruce Row Campground, 2271 Kraft Road, (T)Ulysses**

Dear Mr. Sherwood:

Thank you for signing the Stipulation Agreement on November 20, 2013, for Spruce Row Campground.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2014**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\CAMPGROUNDS (CG)\Facilities (CG-4)\Spruce Row\Enforcement 13\Draft Resolution 13.15.26.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Ulysses; Supervisor T-Ulysses; Jim Dennis, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Steven Kern, TCHD; Audrey Balandier, TCHD; Pete Coats, TCHD; Steve Maybee, P.E., TCHD; John Strepelis, P.E., NYSDOH; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # 13.15.26 FOR

**Spruce Row Campground
Scott Sherwood/Spruce Row Inc., Owner/Operator
2271 Kraft Road (T-Ulysses)
Ithaca, NY 14850**

Whereas, Subpart 5-1.30(a) of the New York State Sanitary Code (NYSSC) requires that when chlorine is used for disinfection, the disinfectant residual concentration (a minimum of 0.2 ppm and a maximum of 4.0 ppm) must be maintained at all times and under no circumstances shall be less than the required concentration for more than four hours; **and**

Whereas, during site visits on May 2, 2013, August 15, 2013, August 28, 2013, September 4, 2013, and September 11, 2013, the Tompkins County Health Department did not detect a free chlorine residual; **and**

Whereas, Scott Sherwood, Owner, signed a Stipulation Agreement with Public Health Director's Orders on November 20, 2013, agreeing that Spruce Row Campground violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Scott Sherwood, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain acceptable free chlorine residuals at all times in both Sections #1 and #2 of the Spruce Row Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l; **and**
3. Submit completed monthly operation reports of daily free chlorine residual readings for both Sections #1 and #2 of the Spruce Row Water Treatment System by the 10th day of the following month for every month you own the property; **and**
4. Submit total coliform sample test results quarterly and a nitrate test result annually for both Sections #1 and #2 of the Spruce Row Water Treatment System; **and**
5. Comply with all the requirements of Subpart 5-1 of the NYSSC.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS #13.15.26
Spruce Row Campground
Scott Sherwood/Spruce Row Inc., Owner/Operator
2271 Kraft Road (T-Ulysses)
Ithaca, NY 14850

I, Scott Sherwood, as owner of the Spruce Row Campground, agree I was in violation of:

Subpart 5-1.30 of the New York State Sanitary Code (NYSSC) for not maintaining a continuous acceptable free chlorine residual in the water system on May 2, August 15, August 28, September 4 and September 11, 2013;

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Maintain acceptable free chlorine residuals at all times in both Sections #1 and #2 of the Spruce Row Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l.
2. Submit completed monthly operation reports of daily free chlorine residual readings for both Sections #1 and #2 of the Spruce Row Water Treatment System by the 10th day of the following month for every month you own the property.
3. Submit total coliform sample test results quarterly and a nitrate test result annually for both Sections #1 and #2 of the Spruce Row Water Treatment System.
4. Comply with all the requirements of Subpart 5-1 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Scott Sherwood Date: 11/20/13

Scott Sherwood is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 11/20/13
Frank Kruppa
Public Health Director

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION # 13.15.26

**Spruce Row Campsite
Scott Sherwood/Spruce Row Inc., Owner/Operator
2271 Kraft Road (T-Ulysses)
Ithaca, NY 14850**

Compiled on October 17, 2013; Updated 12/19/13.

Date	Action
11/20/13	Office conference held at TCHD. Scott Sherwood provided missing total coliform sample results and monthly operating reports. Draft Stipulation agreement was revised to reflect that sampling had been completed and monthly operating reports were maintained but not submitted on time. Proposed fine was adjusted from \$1000 to \$400. Revised stipulation was agreed to and signed by Scott Sherwood at the office conference.
10/15/13	<p>Quarterly total coliform samples are required from both systems #1 and #2 when the facility is in operation. The operating period for Spruce Row is May 1 through September 20, requiring samples for total coliform to be collected during the 2nd and 3rd quarters. Only one quarterly sample result has been received by the TCHD (2nd quarter from section #2). Results have not been received from section #2 for the 3rd quarter and from section #1 for the 2nd and 3rd quarters. In addition, the annual nitrate samples from both sections have not been received.</p> <p>Monthly operation reports recording daily free chlorine residual readings for each section, must be maintained for each month or portion of the facility is in operation. The operation reports must be submitted so they are received at the Health Department, by the tenth day of the following month. Only the May 2013 monthly operation reports, for both sections, have been received at the Health Department.</p>
9/18/13	During a site visit, Peter Coats (TCHD) tested the water and observed free chlorine residuals of 4.0 mg/l (riser lot 140) and 2.5 mg/l (riser lot 159) in section #2. He obtained annual TCHD Surveillance sample for Section #2 (lot 159, results were satisfactory).
9/11/13	During a site visit, Peter Coats (TCHD) tested the water and observed a free chlorine residual of <0.1 mg/l (trace) in section #2 (riser lot 140). Campground staff could not contact Scott. Heidi Sherwood arrived and a free chlorine residual (1.0 mg/l) was reestablished in section #2 (pump house distribution tap) before Peter Coats left.
9/5/13	During a site visit, Peter Coats (TCHD) tested the water and observed free chlorine residuals of 4.0 mg/l (riser lot 140) and 3.0 mg/l (riser lot 159) in

Inclusion Through Diversity

	section #2.
9/4/13	During a site visit, Peter Coats (TCHD) tested the water and observed a free chlorine residual of 0.0 mg/l in section #2 (riser lot 140). Scott Sherwood said the residual was 2.0 mg/l yesterday. A free chlorine residual (2.0 mg/l) was reestablished in section #2 (pump house distribution tap & riser lot 140) before Peter Coats left.
8/28/13	During a site visit, Peter Coats (TCHD) tested the water and observed free chlorine residuals of 1.0 mg/l in section #1 and 0.0 mg/l in section #2 (risers lots 133 & 140). Scott Sherwood said he was gone prior day and had not checked chlorine residual yet on that day. A free chlorine residual was reestablished in section #2 (pump house distribution tap) before Peter Coats (TCHD) left, he also obtained annual TCHD Surveillance sample for Section #1 (results were satisfactory).
8/15/13	During Campground and Swimming Pool inspections with Audrey Balander (TCHD), Peter Coats (TCHD) tested the water and observed free chlorine residuals of >10.0 mg/l in section #1 and <0.1 mg/l (trace) in section #2 . Scott Sherwood was notified, said he would correct.
5/3/13	During a site visit, Audrey Balander (TCHD) tested the water and observed free chlorine residual 3.0 mg/l.
5/2/13	During a water inspection, Peter Coats (TCHD) tested the water and observed free chlorine residuals of 3.0 mg/l in section #1 and 8.0 mg/l in section #2 (tap by pump house & riser lot 159). Scott Sherwood was notified, said he would correct.
5/1 – 10/13/13	Effective dates for permit issued by TCHD to operate Spruce Row Campground.
4/30/13	During pre-operational Water and Campground inspections, Audrey Balander (TCHD) tested the water and observed free chlorine residuals of 5.0 mg/l in section #1 and 3.8 mg/l in section #2.
11/29/12	The 2012 Narrative Water System Inspection Report written by TCHD reported section 2 had inadequate free chlorine residual that was corrected during a site visit. The inspection report further stated <i>"A minimum free chlorine residual of at least 0.2 mg/l must be maintained in the entire water distribution systems at all times when in use. The free chlorine residual should be maintained at 1.0 mg/l at the storage/contact tanks and about 0.5 mg/l in the distribution systems."</i>

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED, REGULAR AND ELECTRONIC MAIL

December 20, 2013

Sherri Hildreth
At The Ridge, Inc
1100 Ridge Road
Lansing, NY 14882

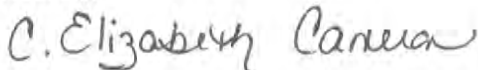
**Re: Tompkins County Board of Health Draft Resolution # 13.10.30
At the Ridge, Food Service Establishment, T-Lansing**

Dear Sherri Hildreth:

Thank you for signing the Stipulation Agreement on December 5, 2013, for At the Ridge.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2014**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\At the Ridge\Draft Resolution 13.10.30.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Supervisor T-Lansing; Pat Pryor, TC Legislature; Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan, TCHD; Steven Kern, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # 13.10.30 FOR

**At the Ridge
Sherri Hildreth/At the Ridge Inc, Owner/Operator
1100 Ridge Road, T-Lansing
Lansing, NY 14882**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

Whereas, on October 17, 2013, the Tompkins County Health Department observed and recorded a critical violation for failure to provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods; **and**

Whereas, on November 8, 2013, the Tompkins County Health Department observed and recorded a critical violation for failure to provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous; **and**

Whereas, Sherri Hildreth, Owner, signed a Stipulation Agreement with Public Health Director's Orders on December 5, 2013, agreeing that At the Ridge violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Sherri Hildreth, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. **(Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods at all times and comply with all the requirements of Subpart 14-1 of the NYSSC.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # 13.10.30

**At the Ridge
Sherri Hildreth/At the Ridge Inc, Owner/Operator
1100 Ridge Road, T-Lansing
Lansing, NY 14882**

I, Sherri Hildreth, as a representative for At the Ridge, agree that on October 17, 2013, and November 8, 2013, I was in violation of Subpart 14-1 of the New York State Sanitary Code (NYSSC) for failure to provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods.

I agree to pay a penalty not to exceed \$400 for this violation following adoption of a resolution by the Board of Health. (***Do not*** submit penalty payment until notified by the Tompkins County Health Department.)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods at all times and comply with all the requirements of Subpart 14-1 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: _____

Date: _____

Sherri Hildreth is hereby ordered to comply with these Orders of the Public Health Director.

Signed: _____

Date: _____

Frank Kruppa
Public Health Director

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION #13.10.30

**At the Ridge
Sherri Hildreth/At the Ridge Inc, Owner/Operator
1100 Ridge Road, T-Lansing
Lansing, NY 14882**

Compiled by Kristee Morgan on November 12, 2013. Update by Skip Parr 12/19/13.

Date	Action
12/5/2013	Signed stipulation agreement received by TCHD.
11/8/2013	Re-inspection: Accurate thermometer not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.
10/17/2013	Inspection: Accurate thermometer not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.
03/05/2012	Inspection: No violations noted.
08/08/2011	Inspection: No violations noted.
11/02/2010	Inspection: No violations noted.
07/09/2010	Permit to Operate issued to At the Ridge Inc.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

December 20, 2013

Lisa Fortino
WAL-MART, Inc.
135 Fairgrounds Memorial PKWY
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 13.40.31
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
WAL-MART, C-Ithaca**

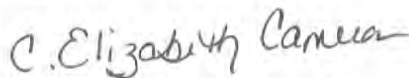
Dear Lisa Fortino:

Thank you for signing the Stipulation Agreement on December 5, 2013, for WAL-MART.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2014**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Please note that one point will be assigned to the store as a result of the violation since satisfactory training documentation was provided for the employee making the sale.

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and ATUPA Law and Brochure

pc: F:\EH\TOBACCO\ATUPA\Facilities - Violations\WAL-MART\Draft Resolution 13.40.31.docx
ec: Tompkins County Board of Health
Mayor Myrick, C-Ithaca; Pamela Mackesey, TC Legislature; Elizabeth Cameron, P.E., Director of Environmental Health;
Frank Kruppa, Public Health Director; Eric Shearer, TCHD; Steven Kern, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # 13.40.31 FOR

**WAL-MART, Inc.
Lisa Fortino
135 Fairgrounds Memorial PKWY, C-Ithaca
Ithaca, NY 14850**

Whereas, the owner of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **and**

Whereas, on November 18, 2013, the Tompkins County Health Department observed the sale of a tobacco product to a minor at WAL-MART; **and**

Whereas, Lisa Fortino, Representative, signed a Stipulation Agreement with Public Health Director's Orders on December 5, 2013, agreeing that WAL-MART violated Article 13-F, Section 1399-cc of the NYSPHL; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Lisa Fortino, Representative, is ordered to:**

1. Pay a penalty, not to exceed \$450 plus a \$50 state mandatory surcharge for this violation, due within 30 days of notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Prohibit the sale of tobacco products to minors.



Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # 13.40.31

**WAL-MART, Inc.
Dave Jacobson, Operator
135 Farigrounds Memorial PKWY, C-Ithaca
Ithaca, NY 14850**

Lisa Fortino

I, Dave Jacobson, as a representative for WAL-MART, Inc., agree that on November 18, 2013, the facility was in violation of New York State Public Health Law, Article 13F, Section 1399-cc for selling tobacco to a minor.

I understand that the facility will be assigned two points for this violation of the ATUPA law unless I can demonstrate that the employee completing the sale possessed a certificate from a state certified tobacco sales training program. In that case, I will be assigned one point. These points will be removed in three years.

I understand that at least three inspections will be conducted each year for the next three years. If I am assigned a total of three or more points due to future sales to a minor, the facility's registration to sell tobacco and, if the facility is a lottery agent, the facility's lottery license, will be suspended for 6 months.

I agree to pay a penalty, not to exceed \$450 plus a \$50 surcharge for this violation, following adoption of a resolution by the Board of Health. (*Do not submit penalty payment until notified by the Tompkins County Health Department.*)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. To prohibit the sale of tobacco products to minors.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: *Lisa Fortino*

Date: *12.5.2013*

Lisa Fortino

~~Dave Jacobson~~ is hereby ordered to comply with these Orders of the Public Health Director.

Signed: *Frank Kruppa*

Date: *12/5/13*

for Frank Kruppa
Public Health Director

New York State Department of Health
Certificate of Tobacco Sales TrainingProvider No. 067-1204

Certificate No. _____

Name of trainee (print):

Jenna Armstrong

Trainee signature:

Jenna Armstrong

Address:

(Street or PO Box)

(City)

(State)

(Zip Code)

Legal Name of business:

Wal-mart Stores East

*DTF Tobacco Retailer ID number:

71-28621190

DBA name:

Wal-mart Store #5240

Telephone Number:

(607) 277-4510

Business Address:

135 Fairgrounds Memorial PKWY Ithaca NY 14850

(Street or PO Box)

(City)

(State)

(Zip Code)

Name of Training Provider:

Melissa DeFord

Address:

135 Fairgrounds Memorial PKWY Ithaca NY 14850

(Street or PO Box)

(City)

(State)

(Zip Code)

Course Location:

Date of Training:

9.5.13

(Issue date)

Expires:

9.5.14

I certify that the Tobacco Sales training course given on the above date complied with NYS PHL Article 13F, was consistent with the curriculum and instructions approved by the New York State Department of Health, and the student receiving this certificate completed the training course and successfully passed the examination.

Course Instructor or person in charge of training:

Melissa S. DeFord

(Print name)

Melissa S. DeFord

(Signature)

*Failure to maintain a current New York State Department of Taxation and Finance (DTF) Tobacco Retailer Registration, change of business ownership or DTF Identification number will invalidate this certificate.

An incomplete certificate will not be honored.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

January 8, 2014

Avi Smith
Argos Inn
408 East State St.
Ithaca, NY 14850

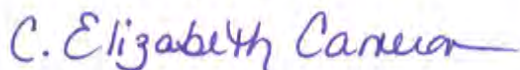
**Re: Tompkins County Board of Health Draft Resolution # 13.13.32
Argos Inn, Temporary Residence, C-Ithaca**

Dear Mr. Smith:

Thank you for having a representative sign the Stipulation Agreement on December 30, 2013, for the Argos Inn.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 28, 2014**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Argos Inn\Enforcement\Argos Inn Draft Resolution 13.13.32.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mike Niechwiadowicz, Ithaca Building Dept.; Svante Myrick, Mayor of City of Ithaca; Leslyn Mc Bean-Clairborne; TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Audrey Balandier, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh/TR/Facilities/Argos Inn/Enforcement

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION #13.13.32 FOR

**Argos Inn
Avi Smith (Argos Inn, LLC), Owner
408 East State Street
Ithaca N.Y. 14850
C-Ithaca**

Whereas, the owner of a temporary residence must comply with regulations established by the NYS Sanitary Code, Subpart 7-1, Section 1.3(a); **and**

Whereas, this code section requires a Permit to Operate a Temporary Residence; **and**

Whereas, on November 20, 2013, the Tompkins County Health Department found a violation of NYS Sanitary Code, Subpart 7-1, Section 1.3(a) for operating the Argos Inn without a permit; **and**

Whereas, Avi Smith, Owner, had a representative sign a Stipulation Agreement with Public Health Director's Orders on December 30, 2013, agreeing that Argos Inn violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
that Avi Smith, Owner, is ordered to:**

1. Pay a penalty of \$500 for these violations, due within 30 days notice. **(Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a complete renewal application to obtain a Permit to Operate a Temporary Residence at least 60 days before expiration of the existing permit during each year of operation and comply with all requirements of Subpart 7-1 of the New York State Sanitary Code.

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

RECEIVED

STIPULATION AGREEMENT AND ORDERS #13.13.32

DEC 30 2013

**Argos Inn
Argos Inn, LLC
408 East State St,
Ithaca, New York 14850**

TOMPKINS COUNTY
HEALTH DEPARTMENT

I, Avi Smith, as a representative for Argos Inn, LLC, agree that on November 20, 2013, I was in violation of New York State Sanitary Code (NYSSC), Subpart 7-1, Section 1.3(a) for operating a temporary residence without a valid operating permit.

I agree to pay a penalty not to exceed \$500 for this violation following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. The Argos Inn will submit all required documentation associated with a renewal application to obtain a Permit to Operate a Temporary Residence including fees at least 60 days before expiration of the existing permit during each year of operation and comply with all the requirements of Subpart 7-1 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: 

Date: 12/30/13

Avi Smith, as representative of Argos Inn, LLC, is hereby ordered to comply with these Orders of the Public Health Director.

Signed: 
Frank Kruppa
Public Health Director

Date: 12/30/13

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION # 13.13.32

**Argos Inn
Argos Inn, LLC
408 East State St. (C-Ithaca)
Ithaca, NY 14850**

Compiled on December 5, 2013. Updated January 7, 2014.

Date	Action
12/30/2013	Signed stipulation received by Health Department.
11/22/2013	A Permit to Operate a Temporary Residence was issued to Argos Inn.
11/21/2013	Argos Inn submitted an Application for a Permit to Operate, required documents, and fees.
11/20/2013	The Health Department learned that the Ithaca Journal reported the grand opening of the Argos Inn. The Argos Inn did not submit an Application to Operate a Temporary Residence. Health Department staff conducted a site visit at the Argos Inn to verify that the Inn was in operation, which it was. An inspection of the Inn was conducted.
1/15/2013	A letter was mailed to Avi Smith with an Application to Operate a Temporary Residence and instructions on what documents and plans needed to be submitted to the Health Department prior to operating. It also stated that there had to be a pre-operational inspection prior to operating.

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

Date: January 14, 2014
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: **Proposed OWTS Permit Fee Revision for 2014**

We currently have two fees for our On-site Wastewater Treatment Systems (OWTS) permits:

- A fee of \$415 for treatment systems that are less than 1,000 gpd (gallons per day), and
- A fee of \$575 for treatment systems that are greater than or equal to 1,000 gpd.

A review of our permitting process during the Accela Automation project revealed that the level of staff resources to issue permits is not related to the size of the treatment system. Cost differences are primarily incurred when a plan review is required, in which case an additional plan review fee is assessed based on system size.

The public generally does not know the volume of sewage expected for a property/building when they apply for an OWTS permit. Sewage flows are typically determined by Environmental Health Division staff when the application is reviewed. Having a flat fee allows the public to more easily pay for an OWTS permit on-line since the fee would not be based on knowing discharge volumes.

Therefore, we recommend revising our fee schedule and establishing one OWTS permit fee for 2014 of \$415.

As shown below, we issue very few permits for this size system and this change will have a negligible financial impact on our revenue.

Year	OWTS Permits Issued	OWTS Permits \geq 1000 gpd
2013	242	5
2012	235	0
2011	249	0
2010	243	0
2009	265	3